Index of Non-Exempt Documents

(EPA-R4-2015-003224)

Item	Date	Subject	Pages
1	June 15, 2015	Fact Sheet – Application for NPDES Permit, Starkville POTW	3
2	December 22, 2014	EPA Form 3510-2A, NPDES Form 2A Application Overview	26
		Meridian POTW MS0020117	
3	No date	State of Mississippi Water Control Permit for Meridian POTW	39
4	June 10, 2015	Fact Sheet – Application for NPDES Permit, Meridian POTW	4
5	March 2015	Permit Rationale for Reissuance Meridian POTW	13
6	May 6, 2014	Letter from U.S. EPA Region 4 to Mayor, City of Meridian Re:	29
		Quality Compliance Evaluation Inspection, Notice of Violation,	
		Notice of Opportunity to Show Cause and Information Request	
		Regarding NPDES Permit Nos: MS0020117 and MS0055735	
	77 1	Meridian South POTW and Meridian East POTW	
$-\frac{7}{9}$	No date	General Information East Meridian POTW	1
8	No date	State of Mississippi Water Control Permit for Meridian POTW	27
9	September 24, 2013	Permit Rationale for Reissuance and State of Mississippi Water	42
		Pollution Control Permit of Mississippi Power Company, Kemper	
10	Mary 24, 1000	IGCC Facility	
10	May 24, 1999	Letter from State of Mississippi to U.S. EPA Ref City of Meridian	2
		Proposed NAS Wastewater Facility Draft NPDES Permit No.	
11	May 21, 1999	MS0055735	
$\frac{11}{12}$	July 12, 2004	Fact Sheet – Application for NPDES Permit, City of Meridian	3
12	July 12, 2004	State of Mississippi Draft Water Pollution Control Permit for City of Meridian – Sowashee Creek	18
13	September 30, 1997		
$\frac{13}{14}$	June 1, 1999	Memorandum – State of Mississippi Ref: Meridian Proposed #2	1
1.7	June 1, 1999	Public Notice – Mississippi Environmental Quality Permit Board Ref The City of Meridian	1
15	May 18, 1999	EPA Form 7550-22 NPDES Application – City of Meridian,	1.5
	141uy 10, 1999	Mississippi	15
16	July 29, 2004	Letter from State of Mississippi to Ms. Dee Stewart Ref: Meridian	5
- 0	vary 29, 2001	NAS POTW Revision	3
17	July 13, 2004	Letter from State of Mississippi to EPA Region 4 Ref: Meridian	1
	10.25 10, 2001	POTW, Naval Air Station Facility Water Ref No: MS0055735	1
18	July 29, 2004	Email from Dee Stewart, EPA Ref: Meridian POTW Naval Air	1
	, , , , , , , , , , , , , , , , , , ,	Station Facility	1
19	July 27, 2004	Region 4 NPDES Permit Overview Review Check Sheet for	
1	, ,, _,,	Meridian POTW MS0055735	2
20	June 3, 2004	Permit Rationale for Reissuance – Meridian POTW, Naval Air	4
	,	Station Facility	7
21	No date	State of Mississippi – Water Pollution Control Permit for Meridian	25
		POTW, Naval Air Station Facility – Draft Permit	23
22	July 13, 2004	Fact Sheet – Application for NPDES Permit, Meridian POTW, Naval	3
	, ,	Air Station Facility	5

23	August 25, 1997	Antidegradation Policy Review Checklist, Meridian POTW	1
24	August 31, 2009	State of Mississippi Water Pollution Control Permit, Meridian POTW, Naval Air Station Facility	1
25	No date	Chemical Specific Screening Calculation Sheet Meridian POTW –	1
26	No date	NAS Table 1 Numeric Criteria for All Waters	1
27	June 3, 2004	Permit Rationale for Reissuance – Meridian POTW, Naval Air Station Facility	4
28	No date	Graphs and Maps	3
29	May 20, 2004	Memorandum from State of Mississippi Ref Meridian NAS Facility	1
30	No date	Davis Research, Inc. Test Results for City of Meridian	3
31	March 19, 2004	Letter from City of Meridian to MS Department of Environmental Quality Ref East Meridian Wastewater Treatment Plant	1
32	March 23, 2004	Letter from the State of Mississippi to Meridian POTW, NAS Ref Water Ref No: MS0055735	21
33	July 12, 2004	EPA Form 3510-2A Ref: East Meridian WWPT – MS0055735	2:1
34	April 2004	Cullpepper Testing Laboratories Analytical Results – East Meridian WWTP	86
35	October 13, 1999	Letter from Mississippi Department of Environmental Quality to City of Meridian Ref NPDES Permit No. MS0055735 Proposed MAS WWTF Meridian	21
36	May 14, 2015	Email Between MDEQ and EPA Ref: Notes from Conference Call on MDEQ's Permits	9
37	April 23, 2015	Email Between MDEQ and EPA Ref: Questions Ref Hattiesburg, Meridian and Oxford PTOWs	3
38	No date	CD Containing Data – MS00200117_ICIS.xls and TPandTNgraphs.xlsx	

.

}

FACT SHEET

APPLICATION FOR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT TO DISCHARGE WASTEWATER TO WATERS OF THE STATE OF MISSISSIPPI June 15, 2015

Application No.: MS0036145

1. SYNOPSIS OF APPLICATION

a. Name and Address of Applicant

Starkville POTW 101 Lampkin Street Starkville, Mississippi 39759

b. Description of Applicant's Operation

The collection and treatment of domestic wastewater .

c. Production Capacity of Facility

10.0 MGD

d. Description of Existing Pollution Abatement Facilities

Biological treatment by oxidation ditch

e. Applicant's Receiving Water

Hollis Creek – See permit rationale

f. Description of Discharges

Outfall 001 is permitted to discharge a monthly average of 10.0 MGD of biologically treated wastewater.

2. PROPOSED EFFLUENT LIMITATIONS

See Draft Permit

MONITORING REQUIREMENTS

The applicant will be required to monitor regularly for flow and those parameters limited in Section 2 above with sufficient frequency to ensure compliance with the permit conditions. Frequency, methods of sampling, and reporting dates will be specified in the final permit.

4. PROPOSED COMPLIANCE SCHEDULE FOR ATTAINING EFFLUENT LIMITATIONS

Beginning the issuance date of this permit, the permittee shall achieve compliance with the effluent limitations specified in the draft permit.

5. PROPOSED CONDITIONS OF APPLICABILITY AND OTHER REQUIREMENTS

The applicant will be required at all times to operate facilities as efficiently as possible and in a manner which will minimize upsets and discharges of excessive pollutants.

The permittee shall provide an adequate operate staff which is duly qualified to carry out the operation, maintenance and testing functions required to insure compliance specified in the permit.

Maintenance of treatment facilities that result in degradation of effluent quality shall be scheduled during noncritical water quality period and shall be carried out in a manner approved by the Mississippi Office of Pollution Control.

The permittee is required to submit information of a periodic basis on the quality and quantity of effluent introduced into the facility by major contributing industries.

6. WATER QUALITY STANDARDS AND EFFLUENT STANDARDS APPLIED TO THE DISCHARGE

Receiving Stream is classified as Fish and Wildlife. Limitations were developed through empirical modeling.

7. PROCEDURES FOR THE FORMULATION OF FINAL DETERMINATIONS

a. Comment Period

The Mississippi Office of Pollution Control Permit Board proposes to issue an NPDES permit to this applicant subject to the effluent limitations and special conditions outlined above. These determinations are tentative.

Interested persons are invited to submit written comments on the permit application or on the Permit Board's proposed determinations to the following address:

Mississippi Department of Environmental Quality Office of Pollution Control P. O. Box 2261 Jackson, Mississippi 39225

Additional details about the application and the proposed determination, a sketch showing the location of the discharge, and a copy of the draft permit are available by writing Dmitriy Asanov at the Permit Board's address or calling 961-5171.

All comments received prior to the Public Notice end date will be considered in the formulation of final determinations with regard to this application.

b. Public Hearing

The Permit Board may hold a public hearing if there is a significant degree of public interest in a proposed permit or group of permits. Public notice of such a hearing will be circulated in newspapers in the geographical area of the discharge and to those on the agency's mailing list at least 30 days prior to the hearing.

Following the public hearing, the Permit Board may take such modifications in the terms and conditions of the proposed permits as may be appropriate and shall issue or deny the permit. Notice of issuance or denial will be circulated to those who participated in the hearing and to appropriate persons on the mailing list.

c. Issuance of the Permit When No Public Hearing is Held

If no public hearing is held, and, after review of the comments received, the Permit Board's determinations are substantially unchanged, the permit will be issued and become effective immediately.

If no public hearing is held, but there have been substantial changes, public notice of the Permit Board's revised determinations will be made. Following a 30-day comment period, the permit will be issued and become effective immediately, unless a public hearing is granted.

Form Approved 1/14/99

Form Approved 1/14/99
OMB Number 2040-00

2

FORM

2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

MUEL

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

RECEIVED

DEC 2 2 2014

Meridian POTW MS0020117

BASIC APPLICATION INFORMATION

PAR	T A. BASIC APPLI	CATION INFORMATION FOR A	LL APPLICANTS:	of a large of the second	22.22.25 F (0) (0)	
All to	satment works must c	omplete questions A.1 through A.8 i	of this Basic Application In	formation packet		
A.1.	Facility Information.					
	Facility name	Meridian Publicly Cv	med Treatment Work		elieni y y y salahan ana kaorana a	
	Mailing Address	Post Office Box 1430				
		Meridian, MS 39302				
	Contact person	Terry Cook, Jr.				
	Title	Chief Utility Plant	Operator, WWT			
	Telephone number	(601) 485-1815 (Offi	ce); (601) 616-332	8 (Cell)		
	Facility Address	2304 Highway 11 Sout	h			
	(not P.O. Box)	Meridian, MS 39307				
A.2.	Applicant Informatio	n. If the applicant is different from the a	bove, provide the following:			
	Applicant name	Same as Above			The second secon	
	Mailing Address					
	Contact person					
	Title					
	Telephone number					
	owner	wher or operator (or both) of the tre	auren works			
	Indicate whether corre	sponderice regarding this permit should	be directed to the facility or t	the applicant.		
	,X facility	applicant				1
A.3.		tal Permits. Provide the permit numbe	r of any existing environment	tal permits that have t	seen issued to the treat	ment works
	(include state issued p					
	MEDES.		PSD) Other	Sliidge Permi	t #SW0350030431	
	UIC RCRA		Other			
		formation: Provide information on mu				
AA.		ovide information on the type of collection				
	Name	Population Served	Type of Collection	on System	Ownership	
	City of Meridi	an 39,695	Separate		Municipal	
	Town of Mario	1,525 4,040	Separate Separate		Municipal U.S. Governm	enc .
	East MS Correc	thional Fac 1 075			- State of MS	
	Total pop	ulation served 46,355				

CILITY NAME AND PERMIT NUMBER:			Form Approved 1) OMB Number 20	to a second of the second
Meridian POTW MS0020117			ONID-NUISIDE: 20	70-0000
5. Indian Country				
a. Is the treatment works located in Indian C	Country?			
	NO			
b. Does the treatment works discharge to a	receiving water that is either in	Indian Country or that is upstre	am from (and eventually flows	: 6
through) Indian Country?				रिक्री इंग्रिक्ट सर्वे इंग्रिक्ट स
X	No		· · · · · · · · · · · · · · · · · · ·	
Flow. Indicate the design flow rate of the tre- daily flow rate and maximum daily flow rate for	atment plant (i.e., the wastewa	er flow rate that the plant was b	uilt to handle). Also provide th	e average
month of this year occurring no more than t	hree months prior to this applic	ation submittal		
a Design flow rate 13.0 mg	d			
	Jan12 - Dec12 Two Years Ago	Jan13 - Dec13 <u>LastYear</u>	Jan14 - Oct14 This Year	
b. Annual average daily flow rate	6.72	7.28	5 , 65	mgd
c. Maximum daily flow rate	12 47 (AUG)	12.61 (MAY)	9.40 (FEP)	mgd
7. Collection System. Indicate the type(s) of o	collection system(s) used by th	e treatment plant. Check all tha	t apply. Also estimate the per	cent
contribution (by miles) of each.				
^_Separate sanitary sewer		425 miles	100	%
Combined storm and sanitary sew	Y			%
8. Discharges and Other Disposal Methods.				4 333
 a. Does the treatment works discharge efficient of the following state of the		he treatment works uses	<u>`</u>	No
i. Discharges of treated effluent				
ii Discharges of untreated or partially t	realed effluent		30 · .	
iii. Combined sewer overflow points				- 14 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
iv. Constructed emergency overflows (p	orior to the headworks)			Allega Car
v/ Other			N/A	
 b Does the treatment works discharge efflution that do not have outlets for discharge to 			X Yes	No -
If yes, provide the following for each surf	ace impoundment:			
Location Discharge into MS	Power Co. Reservoi	r at EOP - 32deg 38"	43.62312"; 88deg 4	5 22.
Armual average daily volume discharged	to surface impoundment(s)		up to 33 mgd	
is discharge continuous	or <u>""</u> intermittent	2	6 MGD on average	
c. Does the treatment works land apply trea			Yes <u>X</u>	No
If yes, provide the following for each land	application site. N/A			
Location				 9
Number of acres				w *
Annual average daily volume applied to s	ite:	Mgd		
Is land application conti	nuous or inter	mittent?		
d. Does the treatment works discharge or to		actourator to another		The second
d. Loes the treatment works discharge or uniteralment works?	a sport reales usus in called w	asiawata waranta	Yes X	No
				A TOTAL ST
				4 450

Meridian POTW MS0020117

Form Approved 1/14/99. OMB Number 2040-0086

N/A					a de la companya de l	- <u>1</u>
	in .					4
If transport is by a party o	ther than the applicar	it provide: N/	A			
Transporter name						6 - 1.
Mailing Address:				1 kgA (2		
		an again again. Tagain again			aw t	
	Arte e _{n de} la companya de la compa					
Contact person		-				
True					·	
Telephone number:	And the state of t				ar Sada	<u>. jako alaiji.</u>
For each treatment works	that receives this dis	charne provide	the following: N/	A		
Name:						
Mailing Address:						
	Table 11 Table 12 Tab		Marie and the Control	507 1000 1 1 1 686 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$1.951.5E
Contact person						
Title	48 A A A A A A A A A A A A A A A A A A A	41)			The state of the s	
Telephone number		. JY		time to the second		
If known, provide the NPD)ES permit number o	f the treatment w	vorks that receives th	iis discheme		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Provide the average daily						المراشدة
c tovide are average daily	now rate non use be	Buttern Works in	o the receiving lacin			mgd
Does the treatment works	discharge or dispose	e of its wastewate	er in a manner not in	iduded in		
A.8.a through A.8.d above	e.g., underground (percolation, well	injection)?		Yes	X No
If yes, provide the followin	ig for each disposal n	nethod:				
Description of method (inc	duding location and s	iize of site(s) if a	pplicable)			
		o signi gir.	N/A			
Annual daily volume dispo	nsed of by this method	d ('++ , ⊤ <u>√∞'</u>	. Do. A. P. T. V. Kalina			- 19

Meridian POTW MS0020117

Form Approved 1/14/99 OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B. "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

9. De	scription of Outfall.	nging panganan ay ay magalagan sa			
a.	Outfall number	001		$\frac{1}{2} \frac{1}{2} \frac{1}$	
b	Location	Meridian		39307	
		(City or town; if applicable Lauder dalle	e)	(Zp.Code) Mississippi	
		(County) 88 deg, 441	20"	(State) 32 deg, 20' 24"	
		(Latitude)		(Longitude)	
C.	Distance from shore (if	applicable)	0		
d.	Depth below surface (if	applicable)	2		
e.	Average daily flow rate	Jan 14 - Oct	14 5.65	med	
.	Does this outral have el discharge?	ither an intermittent or a p	enodic X Yes	No (go to A9 g)	
	If yes, provide the follow	ring information:			
	Number of times per ye		34 Your 1994 St. 1994 S. 1994	d and unscheduled outages	at plant
	Average duration of eac		2 weeks		
	Average flow per discha	r ye	Upoto 13	-mgd	
	Months in which discha-	rge occurs			
g	Is outfall equipped with	a diffuser?	Yes	X No	
•					
0. Der	scription of Receiving \	Naters.			
45			Sowashee Creek		
а.	Name of receiving water		Someone Clean		
D.	Name of watershed (if k	nown)	Lower Sowashee C	reek Watershed	
	United States Soil Cons	ervation Service 14-digit v	watershed code (if known):	031700010503	
c	Name of State Managen	nent/River Basin (if knowr	Chunk	y River - Okatibee Creek	
	United States Geologica	l Survey 8 digit hydrologic	c cataloging unit code (if known).	03170001	
شر			N/A		
σ.	acute	ving stream (if applicable)	chronic	cfs	
e		ing stream at critical low t		uis mg/tof CaCO ₂	
		CONTRACTOR STREET	www. Asmiding.		

Meridian POTW MS 0020117

9

		***************************************	······································				,	
11. Description of Tre	satmont.							
a. What levels of	treatment are	provided? Cha	eck all that app	ıly.				
X Pr	imary	·	X_ Secon	ndary (ac	tivated slu	dge 2 st	ages)	
Ac	dvanced		Other	. Describe:	Internal C	utfall i	s for 101	outfall
b. Indicate the following	lowing remov	ral rates (as app	olicable):		East Meric	dian is	201	
Design BOD _e r	removal <u>or</u> Dr	esign CBOD, re	emoval			85	%	
Design SS rem	noval	. 3				85	%	
Design P remo	val							
Design N remo							%	
		s to be es	tah] ished	on the h	esis of str	eam wate		of Sowashee Cre
		-			rection varies by			or otherwise frac
es terminal and a construction	i sintection is ination	used for the eff	lluent from this	outtail? It disir	tection varies by	season, plea	ise describe	
C. S. C.	THACTOR				*			·
If disinfection a	s by chlorinal	tion, is dechlori	nation used for	this outfall?	_	Y Y	es <u> </u>	No
d Does the treatn	nent plant ha	ve post aeration	n? Bot Chlor	ine Contec	t Chambar-	XY	es	No No
collected through 40 CFR Part 136 a	ide the Indic iot include in analysis co ind other ap	nformation on inducted using propriate QA/6	testing requir combined se g 40 CFR Part QC requireme	red by the pen iwer overflows t 136 methods ents for stand	nitting authority in this section. In addition, the ard methods for	/ <u>for each o</u> . All informa is data mus analytes no	tion reported t comply with addressed b	
discharged. Do n collected through 40 CFR Part 136 a minimum, effluent	ide the Indic lot include in analysis co and other ap t testing dat	nformation on inducted using propriate QA/0 is must be bas	testing requir combined se g 40 CFR Par QC requirement and on at leas	ed by the pen wer overflows t 136 methods ents for stand t three sample	nitting authority in this section. In addition, the ard methods for	/ for each or All informatis data must analytes no no more the	utfall through ition reported t comply with addressed to n four and one	which effluent is must be based on data QA/QC requirements on the control of the
discharged. Do n collected through 40 CFR Part 136 a minimum, effluent Outfall number:	ide the Indic lot include in analysis co and other ap t testing dat	nformation on inducted using propriate QA/ca must be bas	testing requir combined se g 40 CFR Part QC requireme	ed by the pen wer overflows t 136 methods ents for stand t three sample	nitting authority in this section. In addition, the ard methods for	of for each of All Information data must analytes no more the	utfall through ition reported t comply with ot addressed to	which effluent is must be based on data QA/QC requirements on 40 CFR Part 136. At e-half years apart.
discharged. Do n collected through 40 CFR Part 136 a minimum, effluent Outfall number:	ide the Indic lot include in analysis co and other ap t testing dat	nformation on onducted using propriate QA/(a must be bas	testing requires combined seg 40 CFR Para QC requiremented on at lease MAXIMUM DA	ed by the pen twer overflows t 136 methods ents for stands t three sample LLY VALUE	nitting authority in this section. In addition, the ard methods for as and must be	/ for each or All Informatics data must analytes no more that ANE	utfall through ition reported t comply with addressed to in four and one	which effluent is must be based on data QA/QC requirements on the control of the
discharged. Do n collected through 40 CFR Part 136 a minimum, effluent Outfall number PARAMET	ide the Indic lot include in analysis co and other ap t testing dat	nformation on onducted using propriate QA/(a must be bas	testing requires combined seg 40 CFR Para QC requiremented on at lease MAXIMUM DA	ed by the pen over overflows t 136 methods ents for standa t three sample LY VALUE Units	nitting authority in this section. In addition, the ard methods for is and must be Value	/ for each or All Informatic data must analytes no more that	utfall through tion reported t comply with addressed to in four and one RAGE DAILY	which effluent is must be based on data QA/QC requirements on a 40 CFR Part 136. At e-half years apart.
discharged. Do n collected through 40 CFR Part 136 a minimum, offluent Outfall number: PARAMET	ide the Indic lot include in analysis co and other ap t testing dat	nformation on onducted using propriate QA/4 a must be bas	testing requirements of the combined seg 40 CFR Para QC requirements of the combined on at lease MAXIMUM DA	ed by the peniwer overflows t 136 methods ents for stands t three sample ILY VALUE Units S.U. S.U.	witting authority in this section. In addition, the ard methods for its and must be witten and was a section with the section.	/ for each or All informatic data must analytes no more that	utfall through tion reported to comply with addressed by the four and one RAGE DAILY. Units 5. 11.	which effluent is must be based on data QA/QC requirements on 40 CFR Part 136. At e-half years apart. VALUE Number of Samples
discharged. Do n collected through 40 CFR Part 136 a minimum, effluent Outfall number PARAMET (Minimum) (Maximum)	ide the Indic lot include in analysis co and other ap t testing dat	nformation on onducted using propriate QA/4 a must be bas	testing requirements of the combined seg 40 CFR Para QC requirements of the combined on at least MAXIMUM DA Value 6.2 7.6 5.99	ed by the peniwer overflows t 136 methods ents for stand: t three sample ILY-VALUE Units s.u. s.u. mgd	value	/ for each or All Informatics data must analytes no more that ANE	utfall through tion reported t comply with t addressed to n four and one RAGE DAILY Units	which effluent is must be based on data QA/QC requirements on a constant of the constant of th
discharged. Do n collected through 40 CFR Part 136 a minimum, offluent Outfall number: PARAMET Minimum (Maximum) V Rate	ide the Indic lot include in analysis co and other ap t testing dat	nformation on onducted using propriate QA/4 a must be bas	testing requirements of the combined seg 40 CFR Para QC requirements of the combined on at least MAXIMUM DA Value 6.2 7.6 5.99 20.6	ed by the peniver overflows t 136 methods ents for stands t three sample LLY VALUE Units s.u. mgd deg C	value	for each of All informatic data must analytes no more that AVE	utfall through ition reported t comply with ot addressed b in four and one RAGE DAILY Units S 11. S 11. sudd deg C	which effluent is must be based on data QA/QC requirements on the second of the second
discharged. Do n collected through 40 CFR Part 136 a minimum, offluent Outfall number: PARAMET PARAMET (Minimum) (Maximum) W Rate	ide the Indic lot include in analysis co and other ap it testing dat	nformation on onducted using propriate QA/(a) must be bas	testing requirements of the combined seg 40 CFR Para QC requirements on at least MAXIMUM DA Value 6.2 7.6 5.99 20.6 27.3	ed by the periods are to verificate three samples three sa	value	for each of All informatic data must analytes no more that AVE	utfall through tion reported t comply with t addressed to n four and one RAGE DAILY Units	which effluent is must be based on data QA/QC requirements on a constant of the constant of th
discharged. Do n collected through 40 CFR Part 136 a minimum, effluent Outfall number: PARAMET (Minimum) (Maximum) v Rate 1_ rature (Winter) 1_ rature (Summer)	ide the Indicipation include in analysis cound other ap tresting date.	m and a maxim	testing requirements of the combined seg 40 CFR Parage 40	ed by the periods are to verificate to the total are to the total are to the total are to the total are to	value	for each or All informatic data must analytes no more that ANE	utfall through ition reported t comply with ot addressed b in four and one RAGE DAILY Units S 11. S 11. sudd deg C	which effluent is must be based on data QA/QC requirements on a 40 CFR Part 135. At e-half years apart. VA_UE Number of Samples 11
discharged. Do n collected through 40 CFR Part 136 a minimum, effluent Outfall number PARAMET PARAMET (Minimum) w Rate 1 Crature (Winter) * For Jetty Jease re,	ide the Indicipation include in analysis cound other ap tresting date.	m and a maximum pisch	testing requirements of the combined seg 40 CFR Para QC requirements of the combined on at least and th	ed by the periods are to verificate to the total are to the total are to the total are to the total are to	value Value Value 24.	for each or All informatic data must analytes no more that ANE	utfall through tion reported to comply with addressed to more and one RAGE DAILY. Units Substitute of the complete of the comply with addressed to more and one complete of the complete of	which effluent is must be based on data QA/QC requirements on the second of the second
discharged. Do n collected through 40 CFR Part 136 a minimum, effluent Outfall number. PARAMET Minimum: Maximum: V Rate Scrature (Winter) * For J.H.; lease re.	ide the Indicipation include in analysis cound other ap tresting date.	m and a maxim	testing requirements of the combined seg 40 CFR Parage 40	ed by the periods are to verificate to the total are to the total are to the total are to the total are to	value Value Value 24.	for each or All informatic data must analytes no more that ANE	ritall through tion reported to comply with the addressed to the four and one control of the complete the com	which effluent is must be based on data QA/QC requirements on the second of the second
discharged. Do n collected through 40 CFR Part 136 a minimum, effluent Outfall number: PARAMET PARAME	ide the Indicipation include in analysis cound other ap it testing date.	m and a maxim MAXIMU Conc.	testing requirements of the combined seg 40 CFR Part QC requirements of the combined on at least MAXIMUM DA (alue) 6.2 7.6 5.99 20.6 27.3 um daily value M DAILY ARGE	ed by the periods are to verificate to sample to the sampl	value Value Table Value Table Ta	A for each or All informatic data must analytes no more that AAE AAE AAE AAE AAAE AAAE AAAAAAAA	ritall through tion reported to comply with the addressed to the four and one control of the complete the com	which effluent is must be based on data QA/QC requirements on the second of the second
discharged. Do n collected through 40 CFR Part 136 a minimum, offluent Outfall number: PARAMET PARAME	ide the Indicipation include in analysis cound other ap it testing date.	m and a maxim MAXIMU Conc.	testing requirements of the combined seg 40 CFR Part QC requirements of the combined on at least MAXIMUM DA (alue) 6.2 7.6 5.99 20.6 27.3 um daily value M DAILY ARGE	ed by the periods are to verificate to sample to the sampl	value Value Table Value Table Ta	A for each or All informatic data must analytes no more that AAE AAE AAE AAE AAAE AAAE AAAAAAAA	ritall through tion reported to comply with the addressed to the four and one control of the complete the com	which effluent is must be based on data QA/QC requirements on the second of the second
discharged. Do n collected through 40 CFR Part 136 a minimum, effluent Outfall number: PARAMET PARAMET (Minimum) (Maximum) W Rate (Summer) For M H lease re, POLLUTANT POLLUTANT	ide the Indicipation include in analysis cound other ap tresting date the indicate in a minimum of a minimum on convenient a m	m and a maxim MAXIMU Conc.	testing requirements of the combined seg 40 CFR Part QC requirements of the combined on at least MAXIMUM DA (alue) 6.2 7.6 5.99 20.6 27.3 um daily value M DAILY ARGE	ed by the periods are to verificate to sample to the sampl	value Value Table Value Table Ta	A for each or All informatic data must analytes no more that AAE AAE AAE AAE AAAE AAAE AAAAAAAA	ritall through tion reported to comply with the addressed to the four and one control of the complete the com	which effluent is must be based on data QA/QC requirements on the second of the second
discharged. Do n collected through 40 CFR Part 136 a minimum, effluent Outfall number: PARAMET PARAMET (Minimum) (Maximum) w Rate Maralure (Winter) * For J.H. Jease re,	onconven Bod-5	m and a maxim maximum maximu	testing requirements of the combined seg 40 CFR Part QC requirements of the combined on at least	ed by the periods are recovered to the period to the perio	value	for each of All informatic data must analytes no more that AVE AVE AVE Number of Samples	ential through the protect of the pr	which effluent is must be based on data QA/QC requirements of y 40 CFR Part 136. At e-half years apart. VA_UE Number of Samples 11 11 11 ML/MDL

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE

-		
FAC	CILITY NAME AND PERMIT NUMBER:	Form Approved 1/14/99 OMB Number 2040-0086
Me	eridian POTW MS0020117	
BA	SIC APPLICATION INFORMATION	
PAF	RT B. ADDITIONAL APPLICATION INFORMATION FOR APPL EQUAL TO 0.1 MGD (100,000 gallons per day).	LICANTS WITH A DESIGN FLOW GREATER THAN OR
All a	pplicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through	h B.6. All others go to Part C (Certification).
B.1.	Inflow and Infiltration. Estimate the average number of gallons per day the	at fary into the treatment wader from inflow and/or inflication
		t, the I&I flow can double that rate.
	Briefly explain any steps underway or planned to minimize inflow and infiltrati	ion.
B.2.	Topographic Map. Attach to this application a topographic map of the area map must show the outline of the facility and the following information. (You area.) See attached map.	extending at least one mile beyond facility property boundaries. This may submit more than one map if one map does not show the entire
	a. The area surrounding the treatment plant, including all unit processes.	
	 The major pipes or other structures through which wastewater enters the treated-wastewater is discharged from the treatment plant, Include outfat 	treatment works and the pipes or other structures through which alls from bypass piping, if applicable.
N/A	4	
	 Wells, springs; other surface water bodies, and drinking water wells that works, and 2) listed in public record or otherwise known to the applicant. 	are: 1) within 1/4 mile of the property boundaries of the treatment
	e. Any areas where the sewage sludge produced by the treatment works is	
N/Z	A.f. If the treatment works receives waste that is classified as hazardous und or special pipe, show on the map where that hazardous waste enters the	der the Resource Conservation and Recovery Act (RCRA) by truck, rail, treatment works and where it is treated, stored, and/or disposed,
	Process Flow Diagram or Schematic. Provide a diagram showing the process power sources or redundancy in the system. Also provide a water balance should dechlorination). The water balance must show daily average flow rates at influtreatment units. Include a brief narrative description of the diagram.	owing all treatment units, including disinfection (e.g., chlorination and tent and discharge points and approximate daily flow rates between
B.4.	Operation/Maintenance Performed by Contractor(s).	
	Are any operational or maintenance aspects (related to wastewater treatment contractor?Yes _ $\frac{X}{}$ No	and effluent quality) of the treatment works the responsibility of a
	If yes, list the name, address, telephone number, and status of each contractor if necessary).	or and describe the contractor's responsibilities (attach additional pages
	Name:	
	Mailing Address:	
	Telephone Number:	
	Responsibilities of Contractor:	
	Scheduled improvements and Schedules of Implementation. Provide in uncompleted plans for improvements that will affect the wastewater treatment, treatment works has several different implementation schedules or is planning each. (If none, go to question B.6.)	, effluent quality, or design capacity of the treatment works. If the
	 a. List the outfall number (assigned in question A.9) for each outfall that is of 101 & 201 	covered by this implementation schedule.
	b. Indicate whether the planned improvements or implementation schedule	are required by local, State, or Federal agencies
	X Yes No	· · · · · · · · · · · · · · · · · · ·

NAME AND PERMIT	

Form Approved 1/14/99 OMB Number 2040-0086

Meridian POTW MS002117

.jC [→]	If the answer to B.5.b is	"Yes," briefly	/ describe, inclu	ding	usw	maximum dail	y inflo	v rate (if applic	able).			
	Upgrade to the	process	equipment	is	in	progress	and	includes	equipment	for	Process	air

and Sludge removal. Also to install a lift station (for more flow) to 201.

d: Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable.

For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates; as applicable, indicate dates as accurately as possible.

	Schedule	Actual Completion		
Implementation Stage	MM / DD / YYYY	MM/DD/YYYY		
- Begin construction	//_2015		No other dates ar	e presently
- End construction			confirmed.	
- Begin discharge	_/_/			
- Attain operational level				
Have appropriate permits/clear	ances concerning other Federa	al/State requirements been of	otained? X Yes!	No
Describe briefly:				

B.S. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data-must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number 101

POLLUTANT	■ 100 (100 (100 (100 (100 (100 (100 (100	JM DAILY HARGE	AVERA	GE DAILY DISC	a Negri		
The Paris of the Control of the Cont	Conc	Units	Conc	Units	Number of Samples	ANALYTICAL METHOD	ML/MDL
CONVENTIONAL AND NON	ONVENTIONAL	COMPOUNDS.					
AMMONIA (as N)	4	m ₃ /L	0.2	mg/L	11	4500NH3D	0.1
CHLORINE (TOTAL RESIDUAL, TRC)	.64	m∖⊚/L	.0 . 4:6.	mg/L	11	4500CIG	0.1
DISSOLVED OXYGEN	8.7	mg/L	7.8	mg/L	11	4500G	U.0
TOTAL KJELDAHL NITROGEN (TKN)		mg/L	2.26	mg/L	4	4500NH3D-2011	0.5
NITRATE PLUS NITRITE NITROGEN	20.1	mg/L	16.0	mg/L	4	300.0	0,1
OIL and GREASE	nd	mg/L	nd	mg/L	4	1664A	3.€.,
PHOSPHORUS (Total)	2.25	mg/L	1.72	mg/L	4	4500PE-2011	0.125
TOTAL DISSOLVED SOLIDS (TDS)	317	mg/L	268	mg/L	4	2540C-2011	10
OTHER,							

END OF PART B. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Meridian POTW MS 0020117

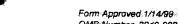


Form Approved 1/14/99 : OMB Number 2040-0086

a. What levels of	rreatment are	c brosided: A				_			
** <u>**</u> P	rimary		<u>x</u> s	econdary (ac	tivated sl		•••		
<u> </u>	dvanced		0	ther. Describe:	Internal	Outfall	is for 103) outf	all
b: Indicate the fo	llowing remov	/al rates≟(as a	pplicable):		East Meri	idian is	201		
Design BOD _s	removal or De	esign CBOD _s	removal			85	%	.	
Design SS ren	noval	*				8.5	%		
Design P remo	oval						%		
Design N rem	oval						%		
Other P	arameters	s to be e	stablish	ned on the ba	asis of st	ream wate	er qualit%	of S	owashee Cr
c. What type of c	t the po	int of diused for the	scharge.	this outfall? If disir	fection varies b	y season, ple	ease describe.		
	ination				•	*			
If disinfection	is by chlonnal	tion, is dechlo	rination used	d for this outfall?		х .	Yes	-	No
d. Does the treat	ment clant ha	ve post aerati	an?		,	Х ,	Yes		No
	Aeration	if New P	Tänt Chl	orine Contac	t Chamber			· · ·	· NO
parameters. Prov discharged. Do s collected through 40 CFR Part 136 a minimum, officer Outfall number.	not include in analysis co and other ap it testing dat	nformation on inducted usi propriate QA	nr combiner ng 40 CFR I VQC requin ased on at I	d sewer overflow Part 136 methods ements for stand east three sample	in this section . In addition, t ard methods fo	n. All inform this data mu or analytes r o no more th	ation reported st comply with not addressed an four and or	h QA/QC by 40 C no-half	requirement FR Part 136 years apart
parameters. Prov discharged. Do s collected through 40 CFR Part 136 a minimum, offluen	not include in analysis co and other ap it testing dat	nformation of the propriets of the propr	or combinering 40 CFR (VQC require asset on at least the maximum)	d sewer overflow Part 136 methods ements for stand east three sample DAILY VALUE	in this section. In addition, to methods for send must be	n. All inform this data mu or analytes r o no more th	etion reported st comply with not addressed an four and or ERAGE DAILY	h QA/QC by 40 C no-half	requirements FR Part 136, years apart
parameters. Prov discharged. Do s collected through 40 CFR Part 136 a minimum, effluen Outfall number.	not include in analysis co and other ap it testing dat	nformation of the propriets of the propr	nr combiner ng 40 CFR I VQC requin ased on at I	d sewer overflow Part 136 methods ements for stand east three sample	in this section . In addition, t ard methods fo	n. All inform this data mu or analytes r o no more th	ation reported st comply with not addressed an four and or	h QA/QC by 40 C no-half	requirement FR Part 136 years apart
parameters. Prov discharged. Do i collected through 40 CFR Part 136 a minimum, officer Outfall number.	not include in analysis co and other ap it testing dat	nformation of the propriets of the propr	or combinering 40 CFR (VQC require asset on at least the maximum)	d sewer overflow Part 136 methods ements for stand east three sample DAILY VALUE	in this section. In addition, to methods for send must be	n. All inform this data mu or analytes r o no more th	etion reported st comply with not addressed an four and or ERAGE DAILY	h QA/QC by 40 C no-half	requirements FR Part 136, years apart
parameters. Providischarged. Do i collected through 40 CFR Part 136 aminimum, offluen Outfall number. PARAME	not include in analysis co and other ap it testing dat	nformation of the propriets of the propr	or combined ong 40 GFR I VQC require ased on at I	d sewer overflow Part 136 methods ements for stand- east three sample DAILY VALUE	in this section. In addition, the ard methods for a and must be value.	n. All inform this data mu or analytes r o no more th AV	eation reported st comply with not addressed an four and or ERAGE DAILY Units	h QA/QC by 40 C no-half	requirements FR Part 136, years apart
parameters. Providischarged. Do i collected through 40 CFR Part 136 a minimum, officer Outfall number. PARAME (Minimum) (Maximum)	not include in analysis co and other ap it testing dat	nformation of the propriets of the propr	m combined ng 40 CFR i VQC require ased on at it MAXIMUM Value	d sewer overflow Part 136 msthods ements for stand- east three sample DAILY VALUE Units	value	n. All inform this data mu or analytes r o no more th AV	eation reported st comply with not addressed an four and or ERAGE DAILY Units	value	requirements FR Part 136, years apart: imber of Sampl
parameters. Providischarged. Do i collected through 40 CFR Part 136 aminimum, offluen Outfall number. PARAME i (Minimum) i (Maximum) ow Rate	not include in analysis co and other ap it testing dat	nformation of the propriets of the propr	MAXIMUM Value 7.1	d sewer overflow Part 136 methods ements for stand- east three sample DAILY VALUE Units s.u.	value	n. All inform this data muor analytes represented to a no more the AV	eation reported st comply with not addressed an four and or ERAGE DAILY Units	value	requirements FR Part 136, years apart imber of Sampl
parameters. Providischarged. Do i collected through 40 CFR Part 136 a minimum, officen Outfall number. PARAME I (Minimum) I (Maximum) Ow Rate em_crature (Winter)	not include in analysis co and other ap it testing dat	information of inducted using propriate QA arrest be be 201	MAXIMUM Value 7.1 7.5 .76 16.0 27.1	DAILY VALUE Units s.u. s.u. mgd deg C deg C	valu	n. All inform this data muor analytes represented to a no more the AV	eation reported st comply with not addressed an four and or ERAGE DAILY Units	value	requirements FR Part 136, years apart imber of Sampl
discharged. Do s collected through 40 CFR Part 136 a minimum, offluen Outfall number.	not include in analysis co and other ap it testing dat	mand a maxim	MAXIMUM Value 7.1 7.5 .76 16.0 27.1	DAILY VALUE Units S.u. mgd deg C deg C	valu	n. All inform this data muor analytes reno more the AV	eation reported st comply with not addressed an four and or example. ERAGE DAILY Units B.U. B.U. Mgd deg C deg C	OA/QC by 40 C ne-half	requirements FR Part 136, years apart mber of Sampl
parameters. Providischarged. Do i collected through 40 CFR Part 136 aminimum, offluen Outfall number. PARAME (Minimum) (Maximum) w. Rate m. crature (Winter) "For JH & ase rej	not include in analysis co and other ap it testing dat	mand a maxim	MAXIMUM Value 7.1 7.9 .70 16.0 27.1 mum daily value VM DAILY	DAILY VALUE Units S.u. S.u. mgd deg C deg C alue AVERA	Value 15	AV. AV. AV. AV. AV. AV. AV. AV.	ERAGE DAILY Units B. U. B. U. Mgd deg C deg C ANALYTIC METHOI	OA/QC by 40 C ne-half	requirements FR Part 136, years apart: imber of Sampl 11 2
parameters. Providischarged. Do not collected through 40 CFR Part 136 a minimum, officer Outfall number. PARAME (Minimum) (Maximum) W Rate m_crature (Winter) *For H *Lase re; POLLUTANT	not include in analysis co and other ap it testing dat	mand a maximal bisc Conc.	MAXIMUM Value 7.1 7.5 .70 16.0 27.1 mum daily value UM DAILY HARGE Units	DAILY VALUE Units S.u. mgd deg C deg C alue	Value 15 DAILY DISC	AV. C. S.	ERAGE DAILY Units B. U. B. U. Mgd deg C deg C ANALYTIC METHOI	OA/QC by 40 C ne-half	requirements FR Part 136, years apart: imber of Sampl 11 2
parameters. Prove discharged. Do not collected through 40 CFR Part 136 a minimum, officer Outfall number. PARAME PARAME (Minimum) (Maximum) Maximum) For J. H. & ase reine POLLUTANT NVENTIONAL AND N	not include in analysis co and other ap it testing dat	mand a maximal DISC	MAXIMUM Value 7.1 7.5 .70 16.0 27.1 mum daily value UM DAILY HARGE Units	DAILY VALUE Units S.u. mgd deg C deg C alue	Value 15 DAILY DISC	AV. AV. AV. AV. AV. AV. AV. AV.	ERAGE DAILY Units B. U. B. U. Mgd deg C deg C ANALYTIC METHOI	OA/QC by 40 C ne-half	requirements FR Part 136, years apart: imber of Sampl 11 2
parameters. Providischarged. Do not collected through 40 CFR Part 136 a minimum, offluen Outfall number. PARAME (Minimum) (Maximum) W Rate m_crature (Winter) For H & ase reconstruction of the provided that the provided tha	include in analysis co and other ap it testing dat	mand a maximal DISC	MAXIMUM Value 7.1 7.5 .70 16.0 27.1 mum daily value UM DAILY HARGE Units	DAILY VALUE Units S.u. mgd deg C deg C alue AVERA Conc.	Valu Valu 7 74. 15 24 Units	e AV. AV. AV. AV. AV. AV. AV. AV.	ERAGE DAILY Units 6 U. 6 U. 6 U. Machiner Complete Structure of the Complete Com	VA_UE NU VA_UE	requirements FR Part 136, years apart: imber of Sampl 11 2 ML/MDL
parameters. Providischarged. Do i collected through 40 CFR Part 136 a minimum, officer Outfall number. PARAME I (Minimum) I (Maximum) I (Maximum) Tow Rate POLLUTANT POLLUTANT NVENTIONAL AND N CHEMICAL OXYGEN VAND (Report one)	not include in analysis co and other ap it testing dat	mand a maximum Disc	MAXIMUM Value 7.1 7.5 .70 16.0 27.1 mum daily value WHARGE WPOUNDS.	DAILY VALUE Units S.u. mgd deg C deg C alue AVERA	Value 15 DAILY DISC	AV. AV. AV. AV. AV. AV. AV. AV.	ERAGE DAILY Units B. U. B. U. Mgd deg C deg C ANALYTIC METHOI	VA_UE NU VA_UE	requirements FR Part 136, years apart: imber of Sampl 11 2
parameters. Providischarged. Do ricollected through 40 CFR Part 136 aminimum, offluen Outfall number. PARAME I (Minimum) I (Maximum) ow.Rate em_crature (Winter) For H. & ase rej	on include in analysis co and other ap it testing dat	mand a maximum Disc	MAXIMUM Value 7.1 7.5 .70 16.0 27.1 mum daily value WHARGE WPOUNDS.	DAILY VALUE Units S.U. S.U. mgd deg C deg C alue AVERAL	Valu Valu 7 74. 15 24 Units	e AV. AV. AV. AV. AV. AV. AV. AV.	ERAGE DAILY Units 6 U. 6 U. 6 U. Machiner Complete Structure of the Complete Com	VA_UE NU VA_UE	requirements FR Part 136, years apart: imber of Sampl 11 2 ML/MDL



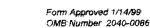
Meridian POTW MS0020117



Form Approved 1/14/99 OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PA	RT B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).
Alla	applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification)
B.1.	Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration. 6 MGD gpd During a heavy rainfall event, the I&I flow can double that rate. Briefly explain any steps underway or planned to minimize inflow and infiltration.
1	
B.2.	Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.) See attached map.
	a The area surrounding the treatment plant, including all unit processes.
	 The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
N/A	Cir. Each well where wastewater from the treatment plant is injected underground.
1	d. Wells springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
	e. Arry areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
N/a	If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.
B.3.	Process Flow Disgram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram. See accepted.
B.4.	Operation/Maintenance Performed by Contractor(s).
	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? Yes X No
	If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).
	Name
	Mailing Address
-1	
	Telephone Number
	Responsibilities of Contractor:
B.5.	Scheduled improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)
	a List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.
	001 & 002. Internal outfalls 101 & 201
	b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.





Meridian POTW MS002117

If the answer to I												
 Upgrade to	the	process	equipment	is	in	progress	and	includes	equipment	for	Process	air

and Sludge removal. Also to install a lift station (for more flow) to 201.

d: Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below; as applicable.

For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable.

Indicate dates as accurately as possible.

	Schedule	Actual Completion		
Implementation Stage	MM / DD / YYYY	MM / DD / YYYY		i de la companya de
- Begin construction	/ / 2015		No other dates	are presently
- End construction			confirmed.	i.
- Begin discharge				
- Attain operational level				4
Have appropriate permits/clear	rances concerning other Federa	VState requirements been of	otained? X Yes	No

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number 201

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERA	GE DAILY DISC			
	Conc	Units	Conc	Units	Number of Samples	ANALYTICAL METHOD	ML/MDL
CONVENTIONAL AND NONC	ONVENTIONAL	COMPOUNDS.					
AMMONIA (as N)	.60	ma/L	0.30	mg/L	10	4500NH3D	e.i
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN	9.2	mg/L	8.0	mg/L	11	4500G	0.1
TOTAL KJELDAHL NITROGEN (TKN)	 *4 ,	mg/L	7.74	mg/L	4	4500MH3D-2011	0 , 5
NITRATE PLUS NITRITE NITROGEN	16.9	mg/L	14.3	mg/L	***************************************	300.0	0.1
OIL and GREASE	nd	mg/L	nd	mg/L	4	1664 A	1.6
PHOSPHORUS (Total)	1.95	mg/L	1.37	mg/L	4	4500PE-2011	0.250
TOTAL DISSOLVED SOLIDS (TDS)	314	mg/L	279	mg/L	4	2540C-2011	3-0
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE





Meridian POTW : MS002117



Form Approved 1/14/99 OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION	
	Refer to instructions to determine who is an officer for the purposes of this certification. All a 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have ion statement, applicants confirm that they have reviewed Form 2A and have completed all sections mitted.
indicate which parts of Form 2A you have cor	npleted and are submitting:
X Basic Application Information packet	Supplemental Application Information packet:
	X Part D (Expanded Effluent Testing Data) These Results To follow
	× Part E (Toxicity Testing: Biomonitoring Data) These Results to follow
	X Part F (Industrial User Discharges and RGRA/CERCLA Wastes)
	Part G (Combined Sewer Systems)
ALL APPLICANTS MUST COMPLETE THE FOLLO	MING CERTIFICATION.
to assure that qualified personnel properly gather and e	attachments were prepared under my direction or supervision in accordance with a system designed evaluate the information submitted. Based on my inquiry of the person or persons who manage the ing the information, the information is, to the best of my knowledge and belief, true, accurate, and es for submitting false information, including the possibility of fine and imprisonment for knowing. Approximately approximatel
Signature	- BU
Telephone number 601 - 4	185-1926
Date signed 12//6/	
Upon request of the permitting authority, you must sub or identify appropriate permitting requirements.	mit any other information necessary to assess wastewater treatment practices at the treatment works

SEND COMPLETED FORMS TO:





Form Approved 1/14/99 OMB Number 2040-0086

FACILITY NAME AND PERMIT NUMBER:

Meridian POTW MS002117

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES	rman ⁴
All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes complete Part F.	must
GENERAL INFORMATION:	J. 15 T. 10 T
F.1. Pretreatment Program: Does the treatment works have, or is it subject to, an approved pretreatment program?	
<u>X</u> Yes No	
F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following Industrial users that discharge to the treatment works.	ypes of
a. Number of non-categorical SIUs. 3	
b. Number of CiUs.	
SIGNIFICANT INDUSTRIAL USER INFORMATION:	
Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through provide the information requested for each SIU.	8 and
F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit addition	val pages
as necessary. Waste Management, Inc. Kemper County Landfill Name:	
Mailing Address: 520 Murphy Road Post Office Box 846	
Meridian, MS 39301 Philadelphia, MS 39350	
F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.	
Runoff water from landfill leachate, sanitary waste, and storm water run-off.	
F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU discharge.	
Frincipal product(s): Metals in run-off water.	
Raw matenal(s)	
F.6. Flow Rate.	
 Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallon (gpd) and whether the discharge is continuous or intermittent. 	s per day
64,000 gpd (continuous or X_intermittent)	
b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection sy gallons per day (gpd) and whether the discharge is continuous or intermittent.	rstern in
gpd: (continuous orintermittent);	
F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:	5.283 9 6

b. Categorical pretreatment standards ____Yes ____No

If subject to categorical pretreatment standards, which category and subcategory?

a. Local limits

X Yes No





Meridian POTW M5002117

Form Approved 1/14/99 CMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES	
All treatment works receiving discharges from significant industrial users of which receive RCRA CERCL complete Part F.	A or other remedial wastes must
GENERAL INFORMATION:	
F.1. Pretreatment Program. Does the treatment works have, or is it subject to, are approved pretreatment program. X YesNo.	m\$
F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of Significant Industrial users that discharge to the treatment works.	umber of each of the following types of
a. Number of non-categorical SIUs. 3	
b. Number of CIUs.	
AND CONTACTION.	*
SIGNIFICANT INDUSTRIAL USER INFORMATION:	ony guestions E 3 through E 8 and
Supply the following information for each SIU. If more than one SIU discharges to the treatment works, countries the information requested for each SIU.	opy questions i is allough
F.3. Significant industrial User information. Provide the name and address of each SIU discharging to the tre	atment works. Submit additional pages
as necessary Certainteed Ceilings (Celotex)	
Mailing Address: 2710 Hwy 11 South	
Meridian, MS 39307	
E4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's dischar Company, manufacturer of ceiling tiles	
F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that discharge.	affect or contribute to the SIU's
Principal product(s) Ceiling tiles	
Rawmalemat(s): Pearlite, paper mineral wool	
F.6. Flow Rate	
 a: Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into (gpd) and whether the discharge is continuous or intermittent. 	the collection system in gallons per day
90,000 gpd (continuous orintermittent)	
b Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow of gallons per day (gpd) and whether the discharge is continuous or intermittent.	ischarged into the collection system in
gpd (continuous or _X intermittenit)	
F.7. Protreatment Standards. Indicate whether the SIU is subject to the following:	
a Local imits X Yes No	
b Categorical pretreatment standardsYesNo	
If subject to categorical pretreatment standards, which category and subcategory?	

FACILITY NAME AND PERMIT NUMBER	Form Approved 1/14/99 OMB Number. 2040-0086
Meridian POTW MS002117	
F.B. Problems at the Treatment Works Attributed to Waste Discharged by the S	IU. Has the SIU caused or contributed to any problems (e.g.
u sets interference at the treatment works in the ast three years? Yes X No. If yes, describe each episode.	
RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDIC	ATED PIPELINE:
F.9. RCRA Waste. Does the treatment works receive or has it in the past three years Yes: X No (go to F.12.)	received RCRA hazardous waste by truck, rall, or dedicated pipe?
F-10. Waste Transport. Method by which RCRA waste is received (check all that ap)	hA'
Truck RailDedicated Pipe	
F.11. Waste Description: Give EPA hazardous waste number and amount (volume of EPA Hazardous Waste Number Amount	r mass, specify units). Units
LEATING TO A TOTAL TO	
CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORF	RECTIVE
ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEV	VATER:
F.12. Remediation Waste. Does the treatment works currently (or has it been notified	that it will) receive waste from remedial activities?
Yes (complete F 13 through F 15.) X No	and fitting allo
Provide a list of sites and the requested information (F.13 - F.15.) for each curre	
F.13: Waste Origin. Describe the site and type of facility at which the CERCLA/RCR the next five years).	Vor other remedial waste originates (or is expected to originate in
ILEGISTADENTO, IGGIGIA	
F.14. Pollutants. List the hazardous constituents that are received (or are expected to	be received). Include data on volume and concentration, if known.
(Attach additional sheets if necessary).	
F.15. Waste Treatment.	
a. Is this waste treated (or will it be treated) prior to entering the treatment work	s ?
Yes No	
If yes, describe the treatment (provide information about the removal efficier	
b. is the discharge (or will the discharge be) continuous or intermittent?	
ContinuousIntermittent :If Intermittent; de	scribe discharge schedule

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER: Form Approved 1/14/99 OMB Number 2040-0086 Méridian POTW MS002117 SUPPLEMENTAL APPLICATION INFORMATION Not Applicable PART G. COMBINED SEWER SYSTEMS If the treatment works has a combined sewer system, complete Part G. G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information) a. All CSO discharge points. b Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters). Waters that support threatened and endangered species potentially affected by CSOs. G.2. System Diagram: Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information: a. Locations of major sewer trunk lines, both combined and separate sanitary. b. Locations of points where separate sanitary sewers feed into the combined sewer system. Locations of in-line and off-line storage structures. Locations of flow-regulating devices. Locations of pump stations CSO OUTFALLS: Complete questions G.3 through G.6 once for each CSO discharge point. G.3. Description of Outfall. Outfall number b. Location (City or town, if applicable) (Zip Code) (County) (State) (Latitude) (Longitude) Distance from shore (if applicable) d. Depth below surface (if applicable) Which of the following were monitored during the last year for this CSO? Rainfall CSO pollutant concentrations _CSO_frequency CSO flow volume Receiving water quality f. How many storm events were monitored during the last year? G.4. CSO Events. a. Give the number of CSO events in the last year. events (___actual or ___approx.) Give the average duration per CSO event.

actual or

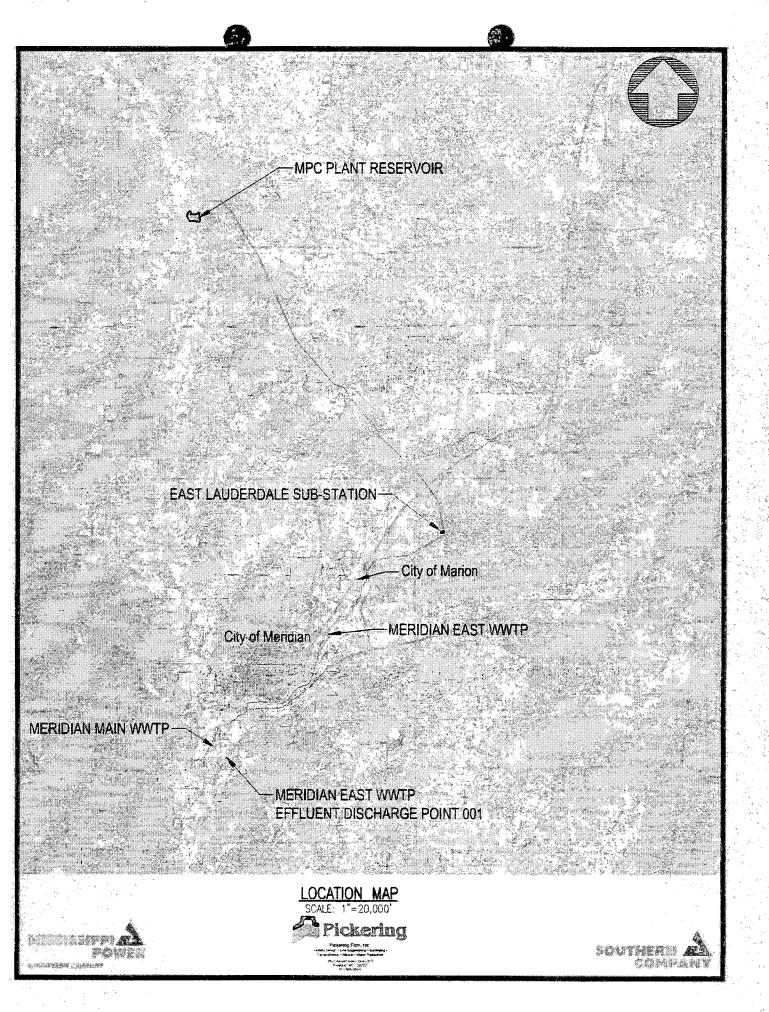
approx.)

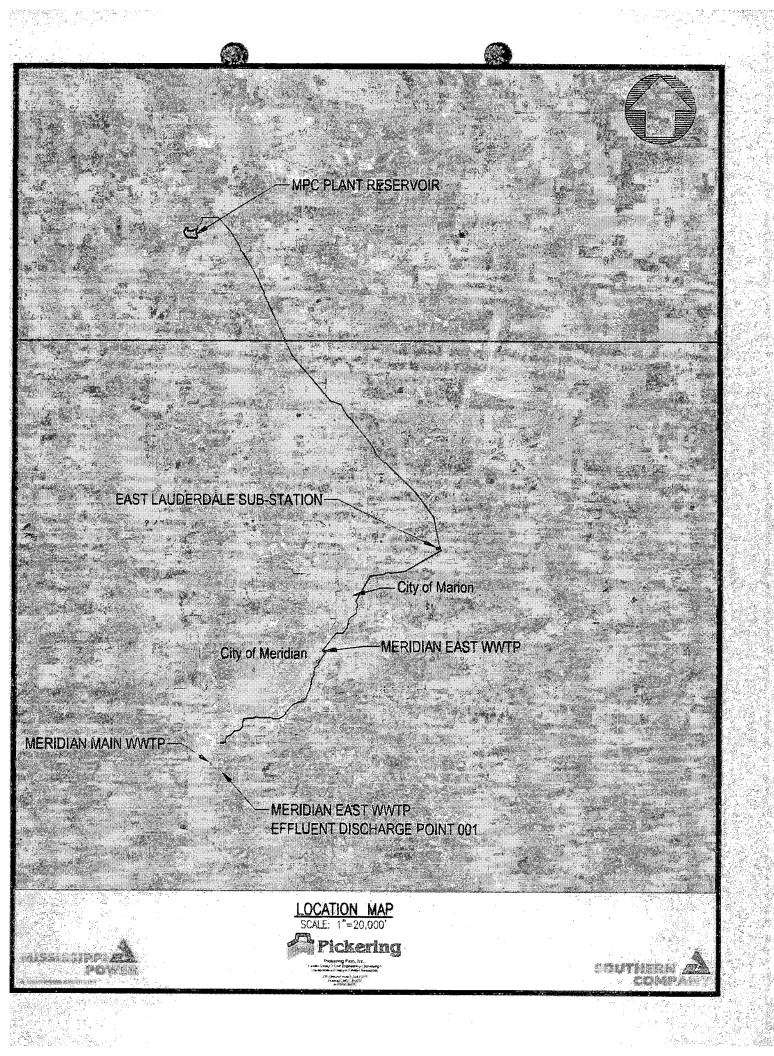
hours (

FACILITY NAME AND PERMIT NUMBER:		Form Approved 1/14/99 OMB Number 2040-0086
Meridian POTW MS002117		e de la companya de l
c. Give the average volume per CSO event.		
million gallons (actual orapprox.)	•	
d. Give the minimum rainfall that caused a CSO event in the last year.		
inches of rainfall		
G.5. Description of Receiving Waters.		
G.S. Description of Ascerting Waters.	e e e e e e e e e e e e e e e e e e e	
a. Name of receiving water.		
b. Name of watershed/river/stream system:		
United States Soil Conservation Service 14-digit watershed code (if known):		
Office Sales Sui Conselvation Service 14-ugit watershed doce (in known).		
c. Name of State Management/River Basin:		
United States Geological Survey 8-digit hydrologic cataloging unit code (if kn	own):	
G.6. CSO Operations.		
Describe any known water quality impacts on the receiving water caused by this intermittent shell fish bed closings, fish kills, fish advisories, other recreational los	CSO (e.g., permanent or intermittent be s, or violation of any applicable State v	each closings, permaneril or vater quality standard)
END OF PART	· G.	
PEEED TO THE ARRIVATION OVERVIEW TO DETE	DMINE WILIOU OTLED	DADTO OF FORM

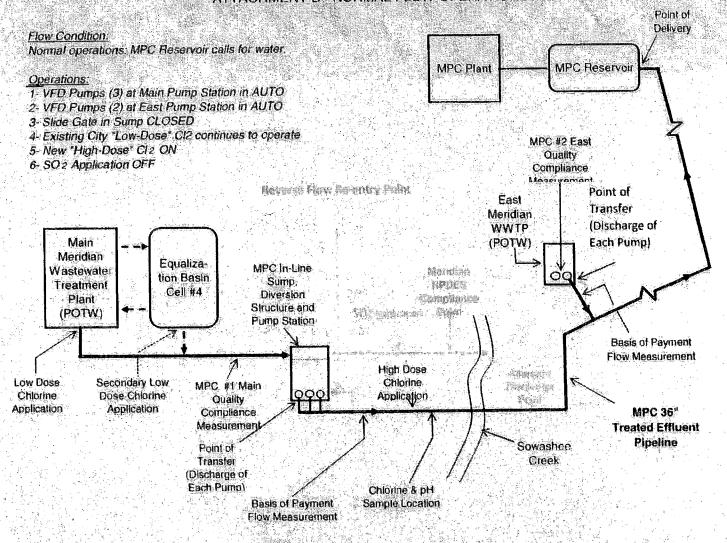
2A YOU MUST COMPLETE

EPA Form 3510-2A (Rev. 1-99). Replaces EPA forms 7550-6 & 7550-22.



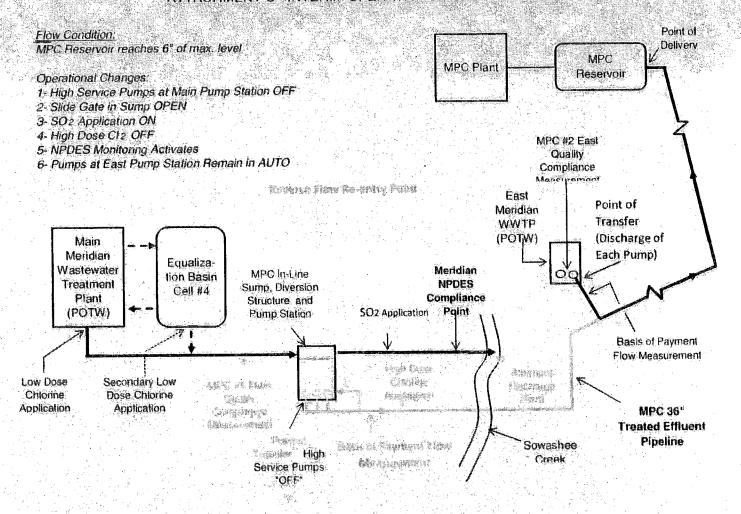


ATTACHMENT B - NORMAL FLOW OPERATIONS



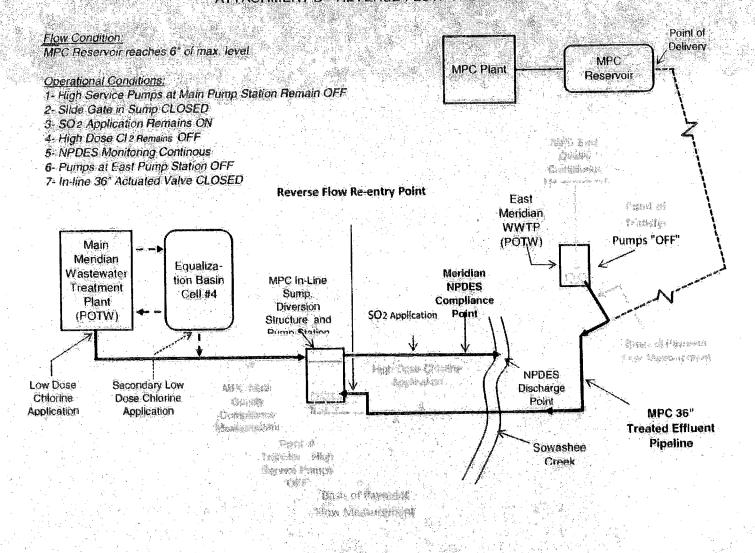
Note: "Subdued" items are not applicable to this flow condition.

ATTACHMENT C - INTERIM OPERATIONS FLOW CONDITIONS



Note: "Subdued" items are not applicable to this flow condition.

ATTACHMENT D - REVERSE FLOW OPERATIONS



Note: "Subdued" items are not applicable to this flow condition.



State of Mississippi



WATER POLLUTION CONTROL PERMIT

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

THIS CERTIFIES

Meridian POTW 311 27th Avenue Meridian, MS Lauderdale County

has been granted permission to discharge wastewater in accordance with the effluent limitations, monitoring requirements and other conditions set forth in this permit. This permit is issued in accordance with the provisions of the Mississippi Water Pollution Control Law (Section 49-17-1 et seq., Mississippi Code of 1972), and the regulations and standards adopted and promulgated thereunder, and under authority granted pursuant to Section 402(b) of the Federal Water Pollution Control Act.

Mississippi Environmental Quality Permit Board

Mississippi Department of Environmental Quality

Issued/Modified:

Permit No. MS0020117

Expires:

Agency Interest # 13261

Table of Contents

Subject Item Inventory	i
Facility Requirements	l
General Information	A-1
Other Relevant Documents:	,
Cover Letter, Lab Data, Form 2A	

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

Meridian POTW Subject Item Inventory Permit Number:MS0020117

Activity ID No.: PER20140002

Subject Item Inventory:

ID	Designation	Description
AI13261	MS0020117	Municipality
RPNT2	MS0020117-101	Outfall 101 (Internal Outfall from Meridian POTW)
RPNT3	MS0020117-201	Outfall 201 (Internal Outfall from East Meridian POTW)
RPNT4	MS0020117-002	Outfall 002 (Combined Domestic / Municipal Wastewater Effluent from Outfall 101 and 201)

Receiving Stream Relationships:

Subject Item	Relationship	Receiving Stream
RPNT4 Outfall 002 (Combined Domestic / Municipal Wastewater Effluent from Outfall 101 and 201)	Discharges Into	Sowashee Creek

KEY	
ACT = Activity	AI = Agency Interest
AREA = Area	CAFO = Concentrated Animal Feeding Operation
CONT = Control Device	EQPT = Equipment
IA = Insignificant Activity	IMPD = Impoundment
MAFO = Animal Feeding Operation	PCS = PCS
RPNT = Release Point	TRMT = Treatment
WDPT = Withdrawal Point	

Subject Item:

Outfall 101 (Internal Outfall from Meridian POTW)

RPNT0000000002:

MS0020117-101

			Disc	harge Limita	tions			Monitoring Requirements			
Parameter	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Quality / Conc. Minimum	Quality / Conc. Average	Quality / Conc, Maximum	Quality / Conc. Units	Frequency	Sample Type	Which Months	
Ammonia Nitrogen, Total (as N) Effluent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	****	2 Monthly Average	3 Maximum Weekly Average	mg/L	Daily	24-hr Composite	Dec-Apr	
Ammonia Nitrogen, Total (as N) Effluent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	****	1 Monthly Average	1.5 Maximum Weekly Average	mg/L	Daily	24-hr Composite	May-Nov	
Ammonia Nitrogen, Total (as N) Influent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	*****	Report Monthly Average	Report Maximum Weekly Average	mg/L	Daily	24-hr Composite	Jan-Dec	
Chlorine, total residual Effluent	*****	*****	*****	0.3 Minimum	*****	****	mg/L	Daily	Grab Sampling	Jan-Dec	
Flow Effluent	13.0 Monthly Average	Report Maximum Weekly Average	Million Gallons per Day	****	****	*****	****	Daily	Continuous Recorder	Jan-Dec	
Nitrogen (Total) Effluent	****	****	****	****	Report Monthly Average	Report Maximum Weekly Average	mg/L	Monthly	24-hr Composite	Jan-Dec	
Oxygen Demand, carbonaceo us biochemical, 5-day (20 degrees C) Effluent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	*****	10 Monthly Average	15 Maximum Weekly Average	mg/L	Daily	24-hr Composite	Dec-Apr	
Oxygen Demand, carbonaceo us biochemical, 5-day (20 degrees C) Effluent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	*****	7 Monthly Average	10.5 Maximum Weekly Average	mg/L	Daily	24-hr Composite	May-Nov	

Subject Item:

Outfall 101 (Internal Outfall from Meridian POTW)

RPNT0000000002:

MS0020117-101

			Disc	Monitoring Requirements						
Parameter	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Quality / Conc. Minimum	Quality / Conc. Average	Quality / Conc. Maximum	Quality / Conc. Units	Frequency	Sample Type	Which Months
Oxygen Demand, carbonaceo us biochemical, 5-day (20 degrees C) Influent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	****	Report Monthly Average	Report Maximum Weekly Average	mg/L	Daily	24-hr Composite	Jan-Dec
Oxygen Demand, carbonaceo us biochemical, 5-day (20 degrees C) Percent Removal	****	****	*****	85 Minimum	*****	*****	%	Monthly	Calculations	Jan-Dec
Oxygen, dissolved In Aeration Unit	****	****	****	Report Minimum	****	Report Maximum	mg/L	Daily	Grab Sampling	Jan-Dec
pH Effluent	****	*****	*****	Report Minimum	*****	Report Maximum	SU	Daily	Grab Sampling	Jan-Dec
Phosphorus (Total) Effluent	****	****	*****	*****	Report Monthly Average	Report Maximum Weekly Average	mg/L	Monthly	24-hr Composite	Jan-Dec
Sludge Settleability 30 Minute In Aeration Unit	****	****	****	Report Minimum	****	Report Maximum	ml/L	Daily	Measurement	Jan-Dec
Solids (Total Suspended) Effluent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	****	30 Monthly Average	45 Maximum Weekly Average	mg/L	Daily	24-hr Composite	Jan-Dec
Solids (Total Suspended) Influent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	****	Report Monthly Average	Report Maximum Weekly Average	mg/L	Daily	24-hr Composite	Jan-Dec

Subject Item:

Outfall 101 (Internal Outfall from Meridian POTW)

RPNT0000000002:

MS0020117-101

			Disc	Monitoring Requirements						
Parameter	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Quality / Conc. Minimum	Quality / Conc. Average	Quality / Conc. Maximum	Quality / Conc, Units	Frequency	Sample Type	Which Months
Solids (Total Suspended) Percent Removal	*****	*****	*****	85 Minimum	*****	****	%	Monthly	Calculations	Jan-Dec

Subject Item:

Outfall 201 (Internal Outfall from East Meridian POTW)

RPNT0000000003:

MS0020117-201

			Disc	harge Limita	tions			Monitoring Requirements			
Parameter	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Quality / Conc. Minimum	Quality / Conc. Average	Quality / Conc. Maximum	Quality / Conc. Units	Frequency	Sample Type	Which Months	
Ammonia Nitrogen, Total (as N) Effluent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	*****	2 Monthly Average	3 Maximum Weekly Average	mg/L	Daily	8-hr Composite	Dec-Apr	
Ammonia Nitrogen, Total (as N) Effluent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	****	1 Monthly Average	1.5 Maximum Weekly Average	mg/L	Daily	8-hr Composite	May-Nov	
Ammonia Nitrogen, Total (as N) Influent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	****	Report Monthly Average	Report Maximum Weekly Average	mg/L	Daily	8-hr Composite	Jan-Dec	
Flow Effluent	1.0 Monthly Average	Report Maximum Weekly Average	Million Gallons per Day	****	*****	*****	*****	Daily	Calculations	Jan-Dec	
Nitrogen (Total) Effluent	****	****	****	****	Report Monthly Average	Report Maximum Weekly Average	mg/L	Monthly	8-hr Composite	Jan-Dec	
Oxygen Demand, carbonaceo us biochemical, 5-day (20 degrees C) Effluent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	****	7 Monthly Average	10.5 Maximum Weekly Average	mg/L	Daily	8-hr Composite	May-Nov	
Oxygen Demand, carbonaceo us biochemical, 5-day (20 degrees C) Effluent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	****	10 Monthly Average	15 Maximum Weekly Average	mg/L	Daily	8-hr Composite	Dec-Apr	
Oxygen Demand, carbonaceo us biochemical, 5-day (20 degrees C) Influent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	***	Report Monthly Average	Report Maximum Weekly Average	mg/L	Daily	8-hr Composite	Jan-Dec	

Subject Item:

Outfall 201 (Internal Outfall from East Meridian POTW)

RPNT0000000003:

MS0020117-201

			Disc	Monitoring Requirements						
Parameter	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Quality / Conc. Minimum	Quality / Conc, Average	Quality / Conc. Maximum	Quality / Conc. Units	Frequency	Sample Type	Which Months
Oxygen Demand, carbonaceo us biochemical, 5-day (20 degrees C) Percent Removal	*****	*****	****	85 Minimum	****	****	%	Monthly	Calculations	Jan-Dec
Oxygen, dissolved In Aeration Unit	****	****	****	Report Minimum	****	Report Maximum	mg/L	Daily	Grab Sampling	Jan-Dec
pH Effluent	*****	****	*****	Report Minimum	****	Report Maximum	SU	Daily	Grab Sampling	Jan-Dec
Phosphorus (Total) Effluent	****	****	*****	****	Report Monthly Average	Report Maximum Weekly Average	mg/L	Monthly	8-hr Composite	Jan-Dec
Sludge Settleability 30 Minute In Aeration Unit	****	*****	*****	Report Minimum	*****	Report Maximum	ml/L	Daily	Measurement	Jan-Dec
Solids (Total Suspended) Effluent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	****	30 Monthly Average	45 Maximum Weekly Average	mg/L	Daily	8-hr Composite	Jan-Dec
Solids (Total Suspended) Influent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	****	Report Monthly Average	Report Maximum Weekly Average	mg/L	Daily	8-hr Composite	Jan-Dec
Solids (Total Suspended) Percent Removal	****	****	****	85 Minimum	****	****	%	Monthly	Calculations	Jan-Dec

Subject Item:

Outfall 002 (Combined Domestic / Municipal Wastewater Effluent from Outfall 101 and 201)

RPNT0000000004:

MS0020117-002

			Disc	harge Limita	tions			Monitoring Requirements			
Parameter	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Quality / Conc. Minimum	Quality / Conc. Average	Quality / Conc. Maximum	Quality / Conc. Units	Frequency	Sample Type	Which Months	
Ammonia Nitrogen, Total (as N) Effluent	217 Monthly Average	325 Maximum Weekly Average	pounds per day	****	*****	****	****	Daily	Calculations	Dec-Apr	
Ammonia Nitrogen, Total (aş N) Effluent	108 Monthly Average	163 Maximum Weekly Average	pounds per day	****	****	****	****	Daily	Calculations	May-Nov	
Chlorine, total residual Effluent	*****	****	****	****	0.011 Monthly Average	0.019 Maximum Weekly Average	mg/L	Daily	Grab Sampling	Jan-Dec	
Copper (Total Recoverable) Effluent	*****	****	****	****	0.0052 Monthly Average	0.0072 Maximum Weekly Average	mg/L	Monthly	Calculations	Jan-Dec	
Fecal coliform, general Effluent	****	*****	****	****	200 Monthly Average	400 Maximum Weekly Average	# of colonies/100 ml	Daily	Grab Sampling	Jan-Dec	
Flow Effluent	13 Monthly Average	Report Maximum Weekly Average	Million Gallons per Day	*****	****	*****	*****	Daily	Continuous Recorder	Jan-Dec	
Nitrogen (Total) Effluent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	*****	*****	*****	*****	Monthly	Calculations	Jan-Dec	
Oxygen Demand, carbonaceo us biochemical, 5-day (20 degrees C) Effluent	1084 Monthly Average	1627 Maximum Weekly Average	pounds per day	****	****	*****	****	Daily	Calculations	Dec-Apr	

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Subject Item:

Outfall 002 (Combined Domestic / Municipal Wastewater Effluent from Outfall 101 and 201)

RPNT0000000004:

MS0020117-002

Such discharges shall be limited and monitored by the permittee as specified below:

	Discharge Limitations						Moi	Monitoring Requirements		
Parameter	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Quality / Conc. Minimum	Quality / Conc. Average	Quality / Conc. Maximum	Quality / Conc. Units	Frequency	Sample Type	Which Months
Oxygen Demand, carbonaceo us biochemical, 5-day (20 degrees C) Effluent	759 Monthly Average	1138 Maximum Weekly Average	pounds per day	****	****	****	****	Daily	Calculations	May-Nov
Oxygen, dissolved Effluent	****	*****	****	6.0 Minimum	****	****	mg/L	Daily	Grab Sampling	Jan-Dec
pH Effluent	*****	*****	*****	6.0 Minimum	*****	9.0 Maximum	su	Daily	Grab Sampling	Jan-Dec
Phosphorus (Total) Effluent	Report Monthly Average	Report Maximum Weekly Average	pounds per day	****	*****	****	****	Monthly	Calculations	Jan-Dec
Solids (Total Suspended) Effluent	3253 Monthly Average	4879 Maximum Weekly Average	pounds per day	*****	*****	****	*****	Daily	Calculations	Jan-Dec

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 1 of 28

AI0000013261 (MS0020117) Municipality:

Limitation Requirements:

Condition No.	Parameter	Condition
		Samples taken in compliance with the monitoring requirements specified in this permit shall be taken:
		For Outfall 001 samples shall be taken at the nearest accessible point after final treatment by Meridian POTW but prior to mixing with the receiving stream.
		For Outfall 002 samples shall be taken at the nearest accessible point after final treatment of the combined effluents from 101 and 201 but prior to mixing with the receiving stream.
		For Outfall 101 samples shall be taken at the nearest accessible point after final treatment by Meridian POTW but prior to mixing with the receiving stream.
		For Outfall 201 samples shall be taken at the nearest accessible point after final treatment by East Meridian POTW but prior to mixing with the effluent from Outfall 101. [WPC-1 Chapter One Section IV.A(28)]
L-2		The combined effluent discharge from Outfall 101 and Outfall 201 shall not total over 13 million gallons per day (Monthly Average). [40 CFR]
L-3	•	The discharge of wastewater by the equlaization basin into Outfall 001 or Outfall 101 will be considered a bypass of the wastewater treatment system, and is subject to the conditions of bypassing as addressed in Permit Conditions T-30 through T-34. [40 CFR]
L-4		There shall be no discharge of floating solids or visible foam in other than trace amounts. [11 Miss. Admin. Code Pt. 6, R. 2.2.A(2).]
L-5		The effluent shall not cause an accumulation of solids or sewage sludges in the receiving stream. [11 Miss. Admin. Code Pt. 6, R. 2.2.A(2).]
L-6		The discharges shall not cause the occurrence of a visible sheen on the surface of the receiving waters. [11 Miss. Admin. Code Pt. 6, R. 2.2.A(2).]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 2 of 28

AI0000013261 (continued):

Limitation Requirements:

Condition		
No.	Parameter	Condition
L-7		Samples taken in compliance with the monitoring requirements specified in this permit shall be taken at the nearest accessible point after final treatment but prior to mixing with the receiving stream or as otherwise specified in this permit. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(28).]
Monitori	ng Requirements:	
Condition		· · · · · · · · · · · · · · · · · · ·
No.	Parameter	Condition
M-1		Chronic Whole Effluent Toxicity Monitoring Requirements
		The Water Quality Standards of Mississippi require that all waters be free from substances in concentrations or combinations which are harmful to human, animals, or aquatic life (State of Mississippi, Water Quality Criteria for intrastate and Coastal Waters, Section II.4., Minimum Conditions Applicable to All Waters, page 3, adopted March 22, 1990). In accordance with such requirements, the permittee is authorized to discharge from outfall 101 and 201 only in accordance with the following conditions:
		(1) The permittee shall submit any existing toxicity data for review by the Mississippi Office of Pollution Control within 30 days of the effective date of this permit.
		(2) The permittee shall perform 7-day chronic, static renewal, definitive (a control and five effluent concentrations) WET tests is accordance with Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Water to Freshwater Organisms, (EPA/600/4-89/001) or Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Water to Marine and Estuarine Organisms, (EPA/600/4-87/028) or the most recent edition*. [11 Miss. Admin. Code Pt. 6, R. 1.2.6]

Meridian POTW
Facility Requirements
Permit Number: MS0020117
Activity ID No.: PER20140002

Page 3 of 28

AI0000013261 (continued):

Monitoring Requirements:

Condition	<u> </u>	
No.	Parameter	Condition
M-2		Chronic Whole Effluent Toxicity Monitoring Requirements- continued
		(2)(i) Dilution water used for these tests shall consist of reagent grade water, defined as distilled or deionized water that does not contain substances which are toxic to the test organisms. For freshwater tests, dilution water shall consist of reagent grade chemicals or mineral water combined to make moderately hard dilution water according to Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms (EPA/600/4-89/001) or most recent edition*. For estuarine testing, dilution water shall consist of synthetic seawater or hypersaline brine combined to achieve a salinity of 20 parts per thousand according to Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms (EPA/600/4-87/028) or most recent edition*. These dilution waters will be deemed acceptable if the control organisms in the toxicity tests meet the minimum EPA criteria for chronic tests. [11 Miss. Admin. Code Pt. 6, R. 1.2.6.]
M-3		Chronic Whole Effluent Toxicity Monitoring Requirements- continued
		(2)(ii) If the Mississippi Office of Pollution Control determines the receiving waters are freshwater, the permittee shall conduct a Ceriodaphnia dubia Survival and Reproduction Test, and Pimephales promelas Larval Survival and Growth Test on serial dilutions of effluent to determine if the discharge from the outfall(s)101 and 201 is chronically toxic. Such testing will determine if the water affects the survival, growth, and reproduction of the test organisms. Static renewal tests will be conducted on three 24-hour composite samples of effluent. The first of these composite samples will be used to set up the tests and for the day 1 and day 2 renewals, the second of these composite samples will be used to renew the tests on days 3 and 4, and the third composite sample will be used to renew the tests on days 5 and 6. Not more than 36 hours will elapse between sampling and the first use of any of the composite samples. The chronic test(s) shall be considered valid only if the acceptability criteria referenced in Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms, (EPA/600/4-89/001), or the most recent edition*, are met. All data shall be statistically analyzed according to the

referenced manual. [11 Miss. Admin. Code Pt. 6, R. 1.2.6]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 4 of 28

AI0000013261 (continued):

Monitoring Requirements:

Condition		
No.	Parameter	Condition
M-4		Chronic Whole Effluent Toxicity Monitoring Requirements- continued
		(2)(iii) If the Mississippi Office of Pollution Control determines that the receiving water is estuarine, the permittee shall conduct a Menidia beryllina Larval survival and Growth Test and a Mysidopsis bahia Survival, Growth, and Fecundity Test on serial dilutions of effluent to determine if the discharge from outfall ^ is chronically toxic. Such testing will determine if the water affects the survival, growth, and fecundity of the test organisms. Static renewal tests will be conducted on three 24-hour composite samples of the effluent. The first of these composite samples will be used to set up the tests and for the day 1 and day 2 renewals, the second of these composite samples will be used to renew the tests on days 3 and 4, and the third composite sample will be used to renew the tests on days 5 and 6. Not more than 36 hours will elapse between sampling and the first use of any of the composite samples. The chronic test(s) shall be considered valid only if the acceptability criteria referenced in Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms, (EPA/600/4-87/028) or most recent edition* are met. All test data shall be statistically analyzed according to the referenced manual. [11 Miss. Admin. Code Pt. 6, R. 1.2.6.]
M-5		Chronic Whole Effluent Toxicity Monitoring Requirements- continued
		(2)(iv) A standard reference toxicant quality assurance test (chronic) shall be conducted concurrently with the effluent tests using both species used in the toxicity tests. Alternatively, if a lab conducts monthly QA/QC reference toxicant tests with both species as part of their SOP, these results may be submitted in lieu of the above mentioned concurrent tests results. In either case, the reference toxicant test results must be submitted with the final report as well as on the Mississippi Office of Pollution Control NPDES Whole Effluent Toxicity Testing Report Form within two weeks of test completion. Final chronic toxicity test results shall be in report form as outlined in Methods for Measuring the Acute Toxicity of Effluents to Freshwater and Marine Organisms, Fourth Edition, (EPA-600/4-90/027) or most recent edition*. [11 Miss. Admin. Code Pt. 6, R. 1.2.6.]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 5 of 28

AI0000013261 (continued):

Monitoring Requirements:

Condition No.	Parameter	Condition
M-6		Chronic Whole Effluent Toxicity Monitoring Requirements- continued
		(3) These chronic toxicity tests shall be initiated within 90 days of the date of issuance of the permit to evaluate wastewater toxicity. Such chronic toxicity tests shall be conducted once per quarter for a period of one year following the effective date of the permit. Sampling shall be times to cover the season extremes of the year (hot-dry and cold-wet). In addition to the specific conditions of this permit, the permittee shall comply with all applicable conditions of 40 CFR 122.61 (06-03-93). *Contact the Mississippi Office of Pollution Control Laboratory for information on most recent edition(s) of methods manual. [11 Miss. Admin. Code Pt. 6, R. 1.2.6.]

Record-Keeping Requirements:

Condition No.	Condition			
R-1	Recording of Results		-	

For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall maintain records of all information obtained from such monitoring including:

- (1) The exact place, date, and time of sampling;
- (2) The dates the analyses were performed;
- (3) The person(s) who performed the analyses;
- (4) The analytical techniques, procedures or methods used; and
- (5) The results of all required analyses. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(29)(a).]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 6 of 28

AI0000013261 (continued):

Condition No.	Condition
S-1	Sludge Management Requirements.
	(1) General Compliance: The permittee shall comply with all existing Federal and State laws and regulations that apply to its sewage sludge use and disposal practice(s), with the Mississippi Nonhazardous Waste Management Regulations and with the CWA Section 405(d) technical standards when promulgated. (2) Reopener: If an applicable "acceptable management practice" or numerical limitation for pollutants in sewage sludge promulgated under Section 405(d)(2) of the Clean Water Act, as amended by the Water Quality Act of 1987, is more stringent than the sludge pollutant limit or acceptable management practice in this permit, or controls a pollutant to conform to the requirements promulgated under Section 405(d)(2). The permittee shall comply with the limitations by no later than the compiance deadline specified in the applicable regulations as required by Section 405(d)(2)(D) of the Clean Water Act. (3) Notice of Change in Sludge Disposal Practice: The permittee shall give prior notice to the Director of any change(s) planned in the permittee's sludge use or disposal practice. (4) Cause for Modification: 40 CFR 122.62(a)(1) provides that the following is a cause for modification but not revocation and reissuance of permits except when the permittee requests or agrees. (5) Alterations: There are material and substantial changes or additions to the permitted facility or activity which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit. [11 Miss. Admin. Code Pt. 6, Ch. 1, Subch. 1.]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 7 of 28

AI0000013261 (continued):

Condition No.	Condition	····	 	 	 3
S-2	Pretreatment Requirements.				

- (1) This permit shall be modified, or alternately revoked and reissued by a date to be determined to incorporate and approved municipal pretreatment program as required under Section 402(b)(8) of the Federal Water Pollution Control Act and implementing regulations or by the requirements of the approved State pretreatment program, as appropriate.
- (2) Effluent limitations from this discharge are listed in the Effluent Limitations section of this permit. If it becomes apparent that other pollutants attributable to inputs from major contributing industries using the municipal system are also present in the permittee's discharge, this permit may be revised to specify effluent limitations for any or all of such other pollutants in accordance with best practicable technology or water quality standards.
- (3) Under no circumstances shall the permittee allow introduction of the following wastes or pollutants into the waste treatment system.
- (a) Pollutants which create a fire or explosion hazard in the treatment works;
- (b) Pollutants which will cause corrosive structural damage to treatment works; but in no case discharges with a pH designed lower than 5.0, unless the works are specifically designed to accommodate such discharges;
- (c) Solids or viscous substances in amounts which cause obstructions to the flow in sewer or interference with the proper operation of the treatment works;
- (d) Wastewaters at a flow rate and/or pollutant discharge rate which is excessive over relatively short time periods so as to cause a loss of treatment efficiency;
- (e) Heat in amounts which will inhibit biological activity in the treatment works resulting in interference, but in no case heat in such quantities that the temperature of the influent exceeds 40 degrees Celsius (104 degrees Fahrenheit), unless approval for alternate limits has been granted by the Permit Board. [11 Miss. Admin. Code Pt. 6, Ch. 1, Subch. 1.]
- Reporting Monitoring results obtained during the previous reporting period shall be summarized and reported on a Discharge Monitoring Report Form (EPA No. 3320-1) POSTMARKED NO LATER THAN THE 28TH DAY OF THE MONTH FOLLOWING THE COMPLETED REPORTING PERIOD. As an alternative to submitting a paper DMR the permittee may submit using the eDMR system no later than the 28th day of the month following the completed reported period. Copies of these, and all other reports required herein, shall be signed in accordance with 11 Miss. Admin. Code Pt. 6, R. 1. 1. 4. A(15)(c)(1). of the Mississippi Wastewater Permit Regulations, and shall be submitted to the Mississippi Environmental Quality Permit Board at the following address: Mississippi Department of Environmental Quality Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225. [11 Miss. Admin. Code Pt. 6, R. 1. 1. 4. A(15)(c)(1).]

Meridian POTW
Facility Requirements
Permit Number: MS0020117
Activity ID No.: PER20140002

Page 8 of 28

AI0000013261 (continued):

Condition No.	Condition
S-4	Noncompliance Notification - Twenty-Four Hour Reporting
	(1) The permittee shall report any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and/or prevent recurrence of the noncompliance.
	 (2) The following shall be included as information which must be reported within 24 hours under this paragraph. (i) Any unanticipated bypass which exceeds any effluent limitation in the permit. (ii) Any upset which exceeds any effluent limitation in the permit. (iii) Violation of a maximum daily discharge limitation for any of the pollutants listed by the Permit Board in the permit to be reported within 24 hours. (iv) The Executive Director may waive the written report on a case-by-case basis for reports under paragraph (1) of this section if the oral report has been received within 24 hours. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(29)(e).]
S-5	Noncompliance Notification - Other Noncompliance
	The permittee shall report all instances of noncompliance not reported under the twenty-four hour reporting requirements, at the time monitoring reports are submitted or within 30 days from the end of the month in which the noncompliance occurs. The reports shall contain the same information as is required under the twenty-four hour reporting requirements contained in this permit. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(29)(f).]
S-6	Noncompliance Notification - Other Information
	Where the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Permit Board, it shall promptly submit such facts or information. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(29)(g).]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 9 of 28

AI0000013261 (continued):

Submittal/Action Requirements:

Condition No.	Condition
S-7	Expiration of Permit
·	At least 180 days prior to the expiration date of this permit pursuant to the State law and regulation, the permittee who wishes to continue to operate under this permit shall submit an application to the Permit Board for reissuance. The Permit Board may grant permission to submit an application later than this, but no later than the expiration date of the permit. [11 Miss. Admin. Code Pt. 6, R. 1.1.5.B(1).]
S-8	The IC25 result of the Whole Effluent Toxicity (WET) Testing of the effluent as the chronic value shall be greater than or equal to 97% and shall be monitored as described in Conditions No. M - 1 through M - 6 (pages 3 - 6) of the permit. Chronic bioassay evaluation shall be initiated within 90 days of the date of issuance of the permit and shall be conducted once per quarter for outfall 101 and 201 for two quarters. Additional information regarding this monitoring is found in Conditions M - 1 through M - 6 of this permit. Monitoring results shall be compiled and submitted to Mississippi Quality Board POSTMARKED NO LATER THAN THE 28TH DAY OF DECEMBER 2015. Permit may be reopened based on the results of WET Testing. [11 Miss. Admin. Code Pt. 6, Ch. 1, Subch. 1.]

Narrative Requirements:

Definitions:

Condition No.	Condition
T-1	Definitions: General
	The permittee shall refer to 11 Miss. Admin. Code Pt. 6, R. 1.1.1.A for definitions of any permit term not specified in this permit. [11 Miss. Admin. Code Pt. 6, R. 1.1.1.A.]
T-2	Definitions: Monthly Average
	"Monthly Average" means the average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during the month. The monthly average for fecal coliform bacteria is the geometric mean of "daily discharges" measured during the calendar month. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero. [11 Miss. Admin. Code Pt. 6, R. 1.1.1.A(44).]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 10 of 28

AI0000013261 (continued):

Narrative Requirements:

Definitions:

Dellill	Definitions:	
Condition No.	Condition	
T-3	Definitions: Daily Discharge	
	"Daily discharge" means the "discharge of a pollutant" measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the "daily discharge" is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurements, the "daily average" is calculated as the average measurement of the discharge of the pollutant over the day. [11 Miss. Admin. Code Pt. 6, R. 1.1.1.A(15).]	
T-4	Definitions: Daily Maximum	
	"Daily maximum" means the highest "daily discharge" over a calendar month. [11 Miss. Admin. Code Pt. 6, R. 1.1.1.A(16).]	
T-5	Definitions: Maximum Weekly Average	
	Maximum Weekly Average means the highest "weekly average" over a monitoring period. [40 CFR 122]	
T-6	Definitions: Toxic Pollutants	
	"Toxic pollutants" means any pollutant listed as toxic under Section 307(a)(1) or, in the case of "sludge use or disposal practices", any pollutant identified in regulations implementing Section 405(d) of the Clean Water Act. [11 Miss. Admin. Code Pt. 6, R. 1.1.1.A(71).]	
T-7	Definitions: Hazardous Substances	
	"Hazardous substances" are defined in 40 CFR 116.4. [40 CFR 116.4]	
T-8	Definitions: Quarterly Average	
	"Quarterly Average" means the average of "daily discharges" over a three month period, calculated as the sum of all "daily discharges" measured during the quarter divided by the number of "daily discharges" measured during the quarter. The quarterly average for fecal coliform bacteria is the geometric mean of "daily discharges" measured during the quarter. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero. [11 Miss. Admin. Code Pt. 6, R. 1.1.1.A(61).]	

Meridian POTW
Facility Requirements
Permit Number MS0020117
Activity ID No.: PER20140002

Page 11 of 28

AI0000013261 (continued):

	Definitions:	
Condition No.	Condition	
T-9	Definitions: Weekly Average	
	"Weekly average" means the average of "daily discharges" over a calendar week, calculated as the sum of all "daily discharges" measured during a calendar week divided by the number of "daily discharges" measured during that week. The weekly average for fecal coliform bacteria is the geometric mean of all "daily discharges" measured in a calendar week. In computing the geometric mean for fecal coliform bacteria, one (1) shall be substituted for sample results of zero. For self-monitoring purposes, the value to be reported is the single highest weekly average computed during a calendar month. [11 Miss. Admin. Code Pt. 6, R. 1.1.1.A(86).]	
T-10	Definitions: Quarterly Maximum	
	"Quarterly Maximum" means the highest "daily discharge" measured over a three-month period. [11 Miss. Admin. Code Pt. 6, R.1.1.1.A(62).]	
T-11	Definitions: Maximum Monthly Average	
•	Maximum Monthly Average means the highest "monthly average" over a monitoring period. [40 CFR 122]	
T-12	Definitions: Yearly Average	
	"Yearly Average" means the average of "daily discharges" over a calendar year, calculated as the sum of all "daily discharges" measured during the calendar year divided by the number of "daily discharges" measured during the calendar year. The yearly average for fecal coliform bacteria is the geometric mean of "daily discharges" during the calendar year. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero. [11 Miss. Admin. Code Pt. 6, R.1.1.1.A(87).]	
T-13	Definitions: Yearly Maximum	
	"Yearly Maximum" means the highest "daily discharge" measured over a calendar year. [11 Miss. Admin. Code Pt. 6, R. 1.1.1.A(88).]	
T-14	Definitions: "Submitted" means the document is postmarked on or before the applicable deadline, except as otherwise specified. [11 Miss. Admin. Code Pt. 6, R. 1.1.1.A(67).]	

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 12 of 28

AI0000013261 (continued):

Condition No.	Condition
T-15	The permittee shall achieve compliance with the effluent limitations specified for discharge in accordance with the following schedule:
	Upon permit issuance. [11 Miss. Admin. Code Pt. 6, Ch. 1, Subch. 1. Section IV.A(9)]
T-16	Reopener Clause
	This permit shall be modified, or alternately, revoked and reissued, to comply with any applicable effluent standard, limitation or storm water regulation issued or approved under Section 301(b)(2)(C), and (D), 304(b)(2), 307(a)(2) and 402(p) of the Federal Water Pollution Control Act if the effluent standard, limitation or regulation so issued or approved:
	1. Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or
	2. Controls any pollutant not limited in the permit; or 3. This permit shall be modified to reflect any additional or otherwise more stringent limitations and additional monitoring as determined to be necessary by the results of a Completed TMDL. [WPC-1 Chapter One Section IV.F(1)]
T-17	Effluent limitations and monitoring requirements for Outfalls 002, 101, 201 as listed in this permit will only be applicable when the treated effluent from that outfall is ultimately discharged into Sowashee Creek. [11 Miss. Admin. Code Pt. 6, Ch. 1, Subch. 1.]
T-18	The facility shall record and make available upon request the durations of all discharges of treated wastewater from Outfall 002. [WPC-1 Chapter One]
T-19	The permittee shall achieve compliance with the effluent limitations specified for discharge in accordance with the following schedule: Upon Permit Issuance. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(9).]
T-20	No later than 10 days following the date of compliance specified by this permit, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(10).]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 13 of 28

AI0000013261 (continued):

Condition No.	Condition
.T-21	Change in Discharge
	All discharges authorized herein shall be consistent with the terms and conditions of this permit. The discharge of any pollutant identified in this permit more frequently than or at a level in excess of that authorized shall constitute a violation of the permit. Any anticipated facility expansions or treatment modifications which result in new, different, or increased discharges of pollutants must be reported by submission of a new NPDES application. If such changes will not violate the effluent limitations to the Mississippi Environmental Quality Permit Board, the permit may be modified to specify and limit any pollutants not previously limited. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A.]
T-22	Adverse Impacts
	The permittee shall take all reasonable steps to minimize or prevent any discharge in violation of the permit that has a reasonable likelihood of adversely affecting human health or the environment. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(19).]
T-23	The permittee shall provide written notification to the Mississippi Commission on Environmental Quality no later than thirty (30) days after the loss of the permittee's certified operator. [11 Miss. Admin. Code Pt. 6, Ch. 1, Subch. 1.]
T-24	Representative Sampling
	Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored wastewater. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(28)(e).]
T-25	Reporting
	If the results for a given sample analysis are such that any parameter (other than fecal coliform) is not detected at or above the minimum level for the test method used, a value of zero will be used for that sample in calculating an arithmetic mean value for the parameter. If the resulting calculated arithmetic mean value for that reporting period is zero, the permittee shall report "NODI = B" on the DMR. For fecal coliform, a value of 1.0 shall be used in calculating the geometric mean. If the resulting fecal coliform mean value is 1.0, the permittee shall report "NODI = B" on the DMR. For each quantitative sample value that is not detectable, the test method used and the minimum level for that method for that parameter shall be attached to and submitted with the DMR. The permittee shall then be considered in compliance with the appropriate effluent limitation and/or reporting requirement. [11 Miss. Admin. Code Pt. 6, Ch. 1, Subch. 2.]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 14 of 28

AI0000013261 (continued):

Condition	
No.	Condition
T-26	Reporting
	If the permittee monitors any pollutant as prescribed in the permit more frequently than required by the permit using test procedures approved under 40 CFR Part 136 or, in the case of sludge use or disposal, approved under 40 CFR Part 136 unless otherwise specified in 40 CFR Part 503, or as specified in the permit, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR or sludge reporting form specified by the Permit Board. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(15)(c)(2).]
T-27	Reporting
	Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified by the Permit Board in the permit. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(15)(c)(3).]
T-28	Test Procedures
	Test procedures for the analysis of pollutants shall include those set forth in 40 CFR 136 or alternative procedures approved and/or promulgated by EPA. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(30).]
T-29	Records Retention
	All records and results of monitoring activities required by this permit, including calibration and maintenance records, shall be retained by the permittee for a minimum of three (3) years, unless otherwise required or extended by the Permit Board, copies of which shall be furnished to the Department upon request. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(29)(a).]
T-30	Falsifying Reports
•	Any permittee who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required by the Permit Board to be maintained as a condition in a permit, or who alters or falsifies the results obtained by such devices or methods and/or any written report required by or in response to a permit condition, shall be deemed to have violated a permit condition and shall be subject to the penalties provided for a violation of a permit condition pursuant to Section 49-17-43 of the Code. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(29)(d).]

Meridian POTW
Facility Requirements
Permit Number MS0020117
Activity ID No.: PER20140002

Page 15 of 28

AI0000013261 (continued):

Condition	
No.	Condition
T-31	Duty to Comply
	The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Clean Water Act and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or denial of a permit renewal application. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(2).]
T-32	Proper Operation, Maintenance and Replacement
	The permittee shall at all times properly operate, maintain, and when necessary, promptly replace all facilities and systems of collection, treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance includes adequate laboratory controls and appropriate quality assurance procedures. Proper replacement includes maintaining an adequate inventory of replacement equipment and parts for prompt replacement when necessary to maintain continuous collection and treatment of wastewater. This provision requires the operation of back-up or auxiliary facilities or similar systems that are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(18).]
T-33	Duty to Mitigate
	The permittee shall take all reasonable steps to minimize or prevent any discharge or sludge use or disposal in violation of the permit that has a reasonable likelihood of adversely affecting human health or the environment. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(19).)]
T-34	Bypassing
	The permittee shall comply with the terms and conditions regarding bypass found in 40 CFR 122.41(m). [40 CFR 122.41(m)]

Meridian POTW
Facility Requirements
Permit Number MS0020117
Activity ID No.: PER20140002

Page 16 of 28

AI0000013261 (continued):

Condition No.	Condition
T-35	Bypassing - Definitions
	"Bypass" means the intentional diversion of waste streams from any portion of a treatment facility.
	"Severe property damage" means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production. [40 CFR 122.41(m)]
T-36	Bypassing - Bypass not exceeding limitations
	The permittee may allow any bypass to occur which does not cause effluent limitations to be exceeded, but only if it also is for essential maintenance to assure efficient operation. These bypasses are not subject to the notice and prohibition provisions of the bypass requirements in this permit. [40 CFR 122.41(m)]
T-37	Bypassing -Notice
	Anticipated bypass- If the permittee knows in advance of the need for a bypass, it shall submit prior notice, if possible at least ten days before the date of the bypass.
	Unanticipated bypass- The permittee shall submit notice of an unanticipated bypass as required by the twenty-four hour reporting requirements set forth in this permit. [40 CFR 122.41(m)]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 17 of 28

AI0000013261 (continued):

Condition No.	Condition
T-38	Bypassing- Prohibition of Bypass
	 Bypass is prohibited, and the Commission may take enforcement action against a permittee unless: Bypass was unavoidable to prevent loss of life, personal injury, or sever property damage. There was no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgement to prevent a bypass which occurred during normal periods of equipment downtime or preventative maintenance; and The permittee submitted notices as required under the Twenty-Four Hour reporting requirements set forth in this permit.
	(2) The Commission may approve an anticipated bypass, after considering its adverse affects, if the Commission determines that it will meet the three conditions listed above in paragraph (1) of this permit condition. [40 CFR 122.41(m)]
T-39	Upsets
	The permittee shall meet the conditions of 40 CFR 122.41(n) regarding "Upsets" and as in the upset requirements of this permit. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(27).]
T-40	Upsets- Definition
	"Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(27).]
T-41	Upsets - Effect of an Upset
	An upset constitutes an affirmative defense to an action brought for noncompliance with such technology based permit effluent limitations if the "conditions necessary for demonstration of upset" requirements of this permit are met. Any determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, shall not constitute final administrative action subject to judicial review. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(27).]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 18 of 28

AI0000013261 (continued):

Condition	
No.	Condition
T-42	Upsets - Conditions necessary for demonstration of upset
	A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
	(1) An upset occurred and that the permittee can identify the cause(s) of the upset;
	 (2) The permitted facility was at the time being properly operated; (3) The permittee submitted notice of the upset as required in 40 CFR 122.41(L)(6)(ii)(B)(24-hour notice of noncompliance); and (4) The permittee complied with any remedial measures required under 40 CFR 122.41(d) (Duty to Mitigate). [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(27).]
T-43	Upsets - Burden of proof
	In any enforcement proceeding the permittee seeking to establish the occurrence of an upset has the burden of proof. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(27).]
T-44	Removed Substances
	Solids, sludges, filter backwash, or other residuals removed in the course of treatment or control of wastewater shall be disposed of in a manner such as to prevent such materials from entering State waters and in a manner consistent with the Mississippi Solid Waste Disposal Act, the Federal Resource Conservation and Recovery Act, and the Mississippi Water Pollution Control Act. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(21).]
T-45	Power Failures
	If electric power is required, in order to maintain compliance with the conditions and prohibitions of the permit, the permittee shall either:
	(1) Provide an alternative power source to operate the wastewater control facilities; or, if such alternative power source is not in existence, and no date for its implementation appears in the permit,
	(2) Halt, reduce, or otherwise control production and/or all wastewater flows upon reduction, loss, or failure of the primary source of power to the wastewater control facilities. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(22).)]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 19 of 28

AI0000013261 (continued):

Condition No.	Condition
T-46	Inspection and Entry
	The permittee shall allow any authorized Commission representative to enter the permittee's premises at any reasonable time, to have access to and copy any applicable records, to inspect process facilities, treatment works, monitoring methods or equipment or to take samples, as authorized by Section 49-17-21 of the Code. In the event of investigation during an emergency response action, a reasonable time shall be any time of the day or night. Follow-up investigations subsequent to the conclusion of the emergency event shall be conducted at reasonable times. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(17).]
T-47	Transfer of Ownership or Control
T. 40	This permit is not transferable to any person without proper modification of this permit following procedures found in [11 Miss. Admin. Code Pt. 6, R. 1.1.5.C.]
T-48	Signatory Requirements
	All applications, reports, or information submitted to the Permit Board shall be signed and certified. [11 Miss. Admin. Code Pt. 6, R. 1.1.2.C.]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 20 of 28

AI0000013261 (continued):

Condition

Narrative Requirements:

No.	Condition
T-49	Signatory Requirements - Application Signatures

All permit applications shall be signed as follows:

- (1) For a corporation: by a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means: (i) a president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making function for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- (2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
- (3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. [11 Miss. Admin. Code Pt. 6, R. 1.1.2.C.]
- T-50 Signatory Requirements Reports and Other Information

All reports required by the permit and other information requested by the Permit Board shall be signed by a person described by the application signature requirements in this permit or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (1) The authorization is made in writing by a person described by the application signature requirements;
- (2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position.); and
- (3) The written authorization is submitted to the Permit Board. [11 Miss. Admin. Code Pt. 6, R. 1.1.2.C.]

Meridian POTW
Facility Requirements
Permit Number: MS0020117
Activity ID No.: PER20140002

Page 21 of 28

AI0000013261 (continued):

Condition No.	Condition
T-51	Signatory Requirements - Changes to Authorization
	If an authorization under the signatory requirements of this permit is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the signatory requirements of this permit must be submitted to the Permit Board prior to or together with any reports, information, or applications. [11 Miss. Admin. Code Pt. 6, R. 1.1.2.C.]
T-52	Signatory Requirements - Certification
	Any person signing a document under the signatory requirements stated in this permit shall make the following certification:
	"I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." [11 Miss. Admin. Code Pt. 6, R. 1.1.2.C.]
T-53	Availability of Records Except for information deemed to be confidential under the Mississippi Code Ann. 49-17-39 and 40 CFR 123.41, file information relating to this permit shall be made available for public inspection and copying during normal business hours at the office of the Department of Environmental Quality in Jackson, Mississippi. Written request must be provided in accordance with policies developed by the Commission and must state, specifically, records proposed for review, date proposed for review and copying requirements. [11 Miss. Admin. Code Pt. 6, R. 1.1.3.E.]
T-54	Duty to Provide Information
	The permittee shall furnish to the Permit Board within a reasonable time any relevant information which the Permit Board may request to determine whether cause exists for modifying, revoking and reissuing, or terminating the permit, or to determine compliance with the permit. The permittee shall also furnish to the Permit Board upon request, copies of records required to be kept by the permit. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(16).]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 22 of 28

AI0000013261 (continued):

Condition	
No.	Condition
T-55	Toxic Pollutants
	The permittee shall comply with any toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) established under Section 307(a) of the Federal Water Pollution Control Act. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(26).]
T-56	Toxic Pollutants Notification Requirements
	The permittee shall comply with the applicable provisions of 40 CFR 122.42. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(26).]
T-57	Civil and Criminal Liability
	(1) Any person who violates a term, condition or schedule of compliance contained within this permit or the Mississippi Water Pollution Control Law is subject to the actions defined by law. (2) Except as provided in permit conditions on "Bypassing" and "Upsets", nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance. (3) It shall not be the defense of the permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(24).)]
T-58	Oil and Hazardous Substance Liability
·	Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee is or may be subject to under Section 311 of the Federal Water Pollution Control Act and applicable provisions under Mississippi Law pertaining to transportation, storage, treatment, or spillage of oil or hazardous substances. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(23).]
T-59	Property Rights
	The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State, or local laws or regulations. [11 Miss. Admin. Code Pt. 6, R. 1.1.5.

Meridian POTW **Facility Requirements** Permit Number:MS0020117 Activity ID No.: PER20140002

Page 23 of 28

AI0000013261 (continued):

Narrative Requirements:

Condition	
No.	Condition
T-60	Severability
,	The provisions of this permit are severable. If any provision of this permit, or the application of any provision of this permit to any circumstances, is challenged or held invalid, the validity of the remaining permit provisions and/or portions thereof or their application to other persons or sets of circumstances, shall not be affected thereby. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(25).]
T-61	Protection of Confidential Information
	(1) Pursuant to Miss. Code Ann. '49-17-39 and 40 CFR 123.41, the Permit Board shall make available to the public all information contained on any form and all public comments on such information. Effluent data and information concerning air or water quality shall also be made available to the public. Information that is determined by the Commission to be trade secrets shall not be disclosed to the public without prior consent of the source of such information. When a claim of confidentiality is made by a person in accordance with the provisions of Miss. Code Ann. '49-17-39, a recommendation on the questions of confidentiality shall be made by the Commission and forwarded to the Regional Administrator (or his/her designee) of EPA for his concurrence in such determination of confidentiality. [11 Miss. Admin. Code Pt. 6, R. 1.1.3.F.]
T-62	Protection of Confidential Information- continued
	(2) A copy of a State, UIC, or NPDES permit application, public notice, fact sheet, draft permit and other forms relating thereto, including written public comment and other reports, files and information relating to the application not classified as confidential information by the Commission pursuant to part (1) of this requirement, shall be available for public inspection and copying during normal business hours at the office of the Department in Jackson, Mississippi. [11]
Г-63	Protection of Confidential Information- continued
	(3) Upon determination by the Commission that information submitted by a permit applicant is entitled to protection against disclosure as trade secrets, the information shall be so labeled and otherwise handled as confidential. Copies of the information and a notice of the Commission's action shall be forwarded to the Regional Administrator (or his/her designee). In making its determination of entitlement to protection as a trade secret, the Commission shall follow the procedure set forth in Miss. Code Ann. '49-17-39. In the event the Commission denies the claim of confidentiality, the applicant shall be so labeled and otherwise handled as confidential.

procedure set forth in Miss. Code Ann. '49-17-39. In the event the Commission denies the claim of confidentiality, the applicant shall have, upon notification thereof, the right to appeal the Commission's determination in the same manner provided for other orders of the Commission. No disclosure, except to EPA,

shall be allowed until any appeal from the determination of the Commission is completed. [11 Miss. Admin. Code Pt. 6, R. 1.1.3.F.]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 24 of 28

AI0000013261 (continued):

Narrative Requirements:

Condition No.	Condition
T-64	Spill Prevention and Best Management Plans
	Any permittee which has above ground bulk storage capacity, of more than 1320 gallons or any single container with a capacity greater than 660 gallons, of materials and/or liquids (including but not limited to, all raw, finished and/or waste material) with chronic or courte notative for a little in the container with a capacity greater than 660 gallons, of

Any permittee which has above ground bulk storage capacity, of more than 1320 gallons or any single container with a capacity greater than 660 gallons, of materials and/or liquids (including but not limited to, all raw, finished and/or waste material) with chronic or acute potential for pollution impact on waters of the State and not subject to Mississippi Hazardous Waste Management Regulations or 40 CFR 112 (Oil Pollution Prevention) regulations shall provide secondary containment as found in 40 CFR 112 or equivalent protective measures such as trenches or waterways which would conduct any tank releases to a permitted treatment system or sufficient equalization or treatment capacity needed to prevent chronic/acute pollution impact. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(12)(a).]

T-65 Reopener Clause

This permit shall be modified, or alternately, revoked and reissued, to comply with any applicable effluent standard, limitation or storm water regulation issued or approved under Section 301(b)(2)(C), and (D), 304(b)(2), 307(a)(2) and 402(p) of the Federal Water Pollution Control Act if the effluent standard, limitation or regulation so issued or approved:

- 1. Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or
- 2. Controls any pollutant not limited in the permit.
- 3. This permit shall be modified to reflect any additional or otherwise more stringent limitations and additional monitoring as determined to be necessary by the results of a Completed TMDL. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.F(1).]

T-66 Closure Requirements

Should the permittee decide to permanently close and abandon the premises upon which it operates, it shall provide a Closure Plan to the Permit Board no later than 90 days prior to doing so. This Closure Plan shall address how and when all manufactured products, by-products, raw materials, stored chemicals, and solid and liquid waste and residues will be removed from the premises or permanently disposed of on site such that no potential environmental hazard to the waters of the State will be presented. Closure plan(s) submitted to and approved by Mississippi Department of Environmental Quality for compliance with other environmental regulations will satisfy the closure requirements for those items specifically addressed in the closure plan(s) as long as the closure does not present a potential for environmental hazard to waters of the State. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.A(11).]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 25 of 28

AI0000013261 (continued):

Condition No.	Condition
T-67	Permit Actions
	The permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a modification of planned changes or anticipated noncompliance, does not stay any permit condition. [11 Miss. Admin. Code Pt. 6, R. 1.1.5.C(5).]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 26 of 28

RPNT0000000002 (MS0020117-101) Outfall 101 (Internal Outfall from Meridian POTW):

Condition	
No.	Condition
S-1	The Permittee shall submit analytical results on a monthly Discharge Monitoring Report (DMR): Due monthly, by the 28th of the subsequent month. [WPC-1 Chapter One IV.A(15)c]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 27 of 28

RPNT000000003 (MS0020117-201) Outfall 201 (Internal Outfall from East Meridian POTW):

Condition No.	Condition
S-1	The Permittee shall submit analytical results on a monthly Discharge Monitoring Report (DMR): Due monthly, by the 28th of the subsequent month. [WPC-1 Chapter One IV.A(15)c]

Meridian POTW
Facility Requirements
Permit Number:MS0020117
Activity ID No.: PER20140002

Page 28 of 28

RPNT0000000004 (MS0020117-002) Outfall 002 (Combined Domestic / Municipal Wastewater Effluent from Outfall 101 and 201):

Condition No.	Condition	
S-1	The Permittee shall submit analytical results on a monthly Discharge Monitoring Report (DMR): Due monthly, by the 28th of the subsequent month. [WPC-1 Chapter One IV.A(15)c]	 (-

GENERAL INFORMATION

Meridian POTW
311 27th Avenue
Meridian, MS
Lauderdale County

Alternate/Historic Identifiers

ID	Alternate/Historic Name	User Group	Start Date	End Date
13261	City of Meridian	Official Site Name	3/14/1995	· Date Date
MS0020117	Meridian POTW	Water - NPDES	3/15/2000	2/22/2005
MS0020117	Meridian POTW	Water - NPDES	3/14/1995	3/13/2000
MS0020117	Meridian POTW	Water - NPDES	2/22/2005	1/31/2010
MS0020117	Meridian POTW	Water - NPDES	6/8/2010	11/12/2013
MS0020117	Meridian POTW	Water - NPDES	11/12/2013	5/31/2015

Basin:

Pascagoula River Basin

Location Description:

Relevant Documents:

Cover Letter, Lab Data, Form 2A

FACT SHEET

APPLICATION FOR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT TO DISCHARGE WASTEWATER TO WATERS OF THE STATE OF MISSISSIPPI June 10, 2015

Application No.: MS0020117

1. SYNOPSIS OF APPLICATION

a. Name and Address of Applicant

Meridian POTW PO Box 1430 Meridian, Mississippi 39302-1430

b. Description of Applicant's Operation

The collection and treatment of domestic/ municipal wastewater

c. Production Capacity of Facility

13 MGD

d. Description of Existing Pollution Abatement Facilities

Activated Sludge and SBR

e. Applicant's Receiving Water

Sowashee Creek

f. Description of Discharges

Outfall 002 is the combined treated effluent discharges from Meridian POTW and East Meridian POTW. The discharge location for Outfall 002 will be the current Meridian POTW treated effluent outfall line into Sowashee Creek. Outfall 101 will represent an internal outfall after final treatment by Meridian POTW. Outfall 201 will represent an internal outfall after final treatment by East Meridian POTW.

2. PROPOSED EFFLUENT LIMITATIONS

See Draft Permit

3. MONITORING REQUIREMENTS

The applicant will be required to monitor regularly for flow and those parameters limited in Section 2 above with sufficient frequency to ensure compliance with the permit conditions. Frequency, methods of sampling, and reporting dates will be specified in the final permit.

4. PROPOSED COMPLIANCE SCHEDULE FOR ATTAINING EFFLUENT LIMITATIONS

Beginning the issuance date of this permit, the permittee shall achieve compliance with the effluent limitations specified in the draft permit.

5. PROPOSED CONDITIONS OF APPLICABILITY AND OTHER REQUIREMENTS

The applicant will be required at all times to operate facilities as efficiently as possible and in a manner which will minimize upsets and discharges of excessive pollutants.

The permittee shall provide an adequate operate staff which is duly qualified to carry out the operation, maintenance and testing functions required to insure compliance specified in the permit.

Maintenance of treatment facilities that result in degradation of effluent quality shall be scheduled during noncritical water quality period and shall be carried out in a manner approved by the Mississippi Office of Pollution Control.

The permittee is required to submit information of a periodic basis on the quality and quantity of effluent introduced into the facility by major contributing industries.

6. WATER QUALITY STANDARDS AND EFFLUENT STANDARDS APPLIED TO THE DISCHARGE

Sowashee Creek is classified as Fish and Wildlife. Limitations were developed through empirical modeling and chemical specific screening.

7. PROCEDURES FOR THE FORMULATION OF FINAL DETERMINATIONS

13261 PER20140002

a. Comment Period

The Mississippi Office of Pollution Control Permit Board proposes to issue an NPDES permit to this applicant subject to the effluent limitations and special conditions outlined above. These determinations are tentative.

Interested persons are invited to submit written comments on the permit application or on the Permit Board's proposed determinations to the following address:

Mississippi Department of Environmental Quality Office of Pollution Control P. O. Box 10385 Jackson, Mississippi 39289-0385

Additional details about the application and the proposed determination, a sketch showing the location of the discharge, and a copy of the draft permit are available by writing Bradley Crain at the Permit Board's address or calling 961-5171.

All comments received prior to the public notice end date will be considered in the formulation of final determinations with regard to this application.

b. Public Hearing

The Permit Board may hold a public hearing if there is a significant degree of public interest in a proposed permit or group of permits. Public notice of such a hearing will be circulated in newspapers in the geographical area of the discharge and to those on the agency's mailing list at least 30 days prior to the hearing.

Following the public hearing, the Permit Board may take such modifications in the terms and conditions of the proposed permits as may be appropriate and shall issue or deny the permit. Notice of issuance or denial will be circulated to those who participated in the hearing and to appropriate persons on the mailing list.

c. Issuance of the Permit When No Public Hearing is Held

If no public hearing is held, and, after review of the comments received, the Permit Board's determinations are substantially unchanged, the permit will be issued and become effective immediately.

If no public hearing is held, but there have been substantial changes, public notice of the Permit Board's revised determinations will be made. Following a 30-day comment period, the permit will be issued and become effective immediately, unless a public hearing is granted.

PERMIT RATIONALE FOR REISSUANCE

5

Meridian POTW
Lauderdale County
Meridian, Mississippi
Water NPDES No. MS0020117
March 2015

I. FACILITY INFORMATION

Facility Name: Meridian POTW
Facility Address: 311 27th Avenue
Meridian, MS 39301

Permit No.: MS0020117

SIC: 4952

Permit Writer: Christopher Messemore

EPD Branch: Municipal and Private Facilities Branch

II. NATURE OF BUSINESS - Domestic/ Municipal Wastewater

EFFLUENT AND RECEIVING STREAM FLOW DATA - Outfall 002 will discharge directly to Sowashee Creek. See attachment No. 4 for discharge location map. Sowashee Creek is classified as Fish and Wildlife, and is in the Pascagoula River Basin. The discharge is listed in a proposed TMDL for organic enrichment and low do in Sowashee Creek. Hence, a future TMDL may impose more stringent effluent limits. The effluent limitations included in the permit comply with load allocations given in the TMDL. A condition has been added to the permit which allows it to be reopened for revision based on a future TMDL. Outfall 001 is the previous discharge from Meridian POTW which is listed in the new permit as Outfall 101. Outfall 201 is the is the wastewater from East Meridian POTW. Outfall 002 is the combined treated wastewater from Outfall 101 and 201.

The instream wastewater concentration (IWC) 7Q10 at the point of discharge is determined by the following calculation:

IWC calculation is as follows:

Qw = Design flow of the wastewater treatment facility = 13 MGD or 20.1 cfs Qr = Receiving stream 7Q10 = 0.5 cfs IWC = (Qw/(Qw + Qr)) * 100 = (20.1/20.1 + 0.5) = 97 %

- III. 303(d) ISSUES Sowashee Creek is listed on the 303d list for Total Nitrogen and Total Phosphorus.
- IV. TYPE OF WASTEWATER TREATMENT- For Outfall 101 wastewater is collected and treated via second stage activated sludge followed by chlorination disinfection. For Outfall 201 wastewater is collected and treated via a sequencing batch reactor (SBR) followed by UV disinfection and post-aeration.

Outfall 201 (Internal outfall after final treatment by East Meridian POTW)

<u>Parameter</u>	Value	Basis
Flow	1.0 MGD	Design
CBOD ₅ (May-Oct)	7 mg/l (Monthly Avg.)	WLA
CBOD ₅ (Nov-Apr)	10 mg/l (Monthly Avg.)	WLA
CBOD ₅ (Percent Removal)	85% Minimum	Technology
TSS	30 mg/l (Monthly Avg.)	Technology
TSS (Percent Removal)	85% Minimum	Technology
NH3-N (May-Oct)	1 mg/l (Monthly Avg.)	WLA
NH3-N (Nov-Apr)	2 mg/l (Monthly Avg.)	WLA
Fecal Coliform	200 mg/l (Monthly Avg.)	MSWQS
pH	6.0 – 9.0 SU	MSWQS
Copper, Total Recoverable	0.0051 / 0.0072 mg/l	Toxicity
Total Nitrogen	Report	WLA
Total Phosphorus	Report	WLA

The minimum and maximum values for Dissolved Oxygen in aeration unit and 30-Minute Sludge Settleability in aeration unit must be reported

13261 PER20140002

Chemical Specific Analysis

Chemical specific analysis has been performed in accordance with State Regulations 11 Miss. Admin. Code Pt. 6, Ch. 1.V1.B1. Municipalities shall determine the toxic characteristics of their wastewater by analyzing for the toxic pollutant listed in Table III of appendix D of 40 CFR 122. The results are tabulated in <u>attachment No. 2</u>. The reported values are then analyzed and compared to water quality criteria to determine any possible toxic effect to the receiving waters. A synopsis of these calculations is listed in <u>attachment No. 3</u>. A column by column description of the calculations in attachment No. 3 is hereby provided:

Column No. 1 - Maximum concentration. The highest effluent reading of the parameter

Column No. 2 – The maximum concentration mixed with the receiving water IWC. This is calculated by the following equation:

{Maximum Concentration (Column 1) * IWC %} / 100

Column No. 3 – Acute allowable – Chemical Specific State Water Quality Criteria

Column No. 4 – Pass or Fail. If column 2 > column 3 water quality criteria is exceeded and failure occurs.

Column No. 5 – Long term average (LTA) of all tests. The summation of the 12 samples divided by 12.

Column No. 6 – The long term average concentration mixed with the receiving water IWC. This is calculated by the following equation:

{LTA Concentration (Column 5) * IWC%} / 100

Column No. 7 - Chronic allowable - Chemical Specific State Water Quality Criteria

Column No. 8 – Pass or Fail. If column 6 > column 7 water quality criteria is exceeded and failure occurs.

Column No. 9 – Human health determination. Long term average (Column 5) is mixed with the mean annual flow IWC_{MA} . This is calculated by the following equation:

{LTA Concentration (Column 5) * IWC_{MA} %} / 100

Column No. 10 – Human health allowable – State Water Quality Criteria Note: Organisms only column is used if receiving waters are not drinking water supply.

Column No. 11 – Pass or Fail. If column 9 > column 10 water quality criteria is exceeded and failure occurs.

CATEGORICAL GUIDELINE LIMITATIONS CALCULATIONS

Major municipalities shall determine the toxic characteristics of their wastewater by analyzing for the toxic pollutant listed in Table III of appendix D of 40 CFR 122. Chemical specific analysis shall be for total recoverable metals. Municipalities shall submit twelve influent and effluent samples collected. Chemical specific limits shall be placed in a permittee's permit if any of the parameters evaluated in the toxic screening procedure indicated that reasonable potential for violations of the appropriate criteria (acute, chronic, and human health).

Chemical Specific Analysis for Metals and Results

Major municipalities shall determine the toxic characteristics of their wastewater by analyzing for toxic pollutants listed in Table II of Appendix D of 40 CFR 122. Metal analysis shall be for total recoverable metals. Municipalities shall submit twelve influent and effluent samples collected. Chemical specific limits shall be placed in a permittee's permit if any of the parameters evaluated in the toxic screening procedure indicate the reasonable potential for violation of the appropriate criteria (acute, chronic, and human health).

The chemical specific data results submitted or Discharge Monitoring Results submitted in the last 2 years did indicate the reasonable potential for violation of the appropriate criteria in Table III of Appendix D of CFR 122 for Total Recoverable Copper. Chemical specific limits have been place in the permit for both parameters.

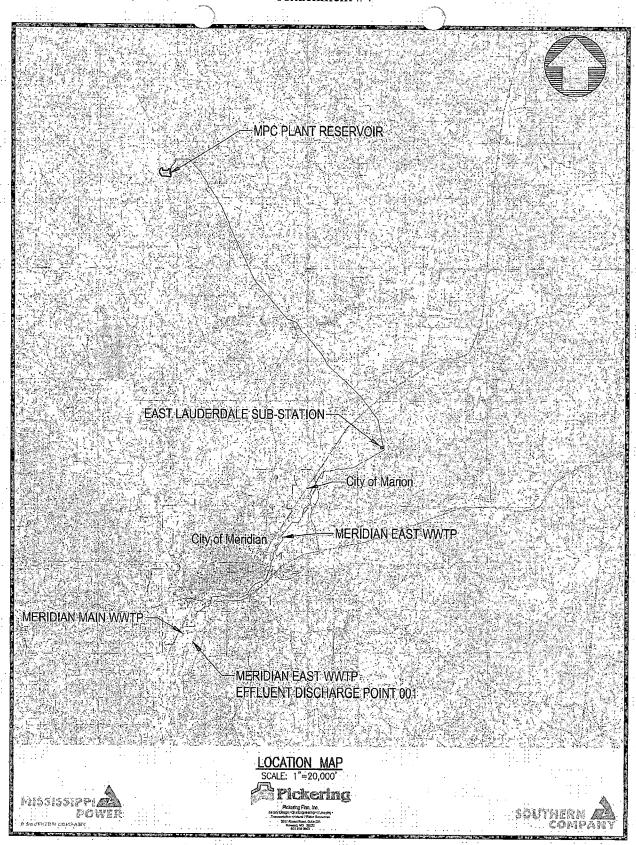
Attachment #2
Outfall 101 – CSA

				-			ullall		CSF	1;							1.1
		: ::,,		Specific Analy					: 	<u> </u>			<u>; </u>	ł.			1
Parameters	7/28/2014	8/6/2014	8/17/14	8/18/14	8/27/16	9/8/14	9/16/14	10/6/14	10/14/14	193/14	11/10/14	12/2/14	12/9/14	1/5/15	1/12/16	Avgs.	Max
Antimony	;		; - .	-:		0.00992			=	- ' : :	-	÷	0.00218	0.0176	-	0.00228	0.0176
Arsenic	0.000513		0.000674	. ::		2			0,00202	- :.	0,000554	0.00158		- :::	: -	0.00041	0.002
Beryllium		-		· . <u>:</u>		· · · · <u>·</u>		. · ;	-				-:	·: -		0	0
Cadmium	-					· :	:::	0.000115	0.00015					-		2.1E-05	0.0002
Chromium	0.00143		0.00112	<u>.</u>		0.0016		: .	-				0.0011	0.00129	0.00172	0.00064	0.0017
Chromium HEX		<u>-</u> .:				-::				-	-	-:	-		: -	0.	. 0
Copper	0.00557		0.00561	0.00493		0.00499	0.00464	0.00561	0.00758	0.00364	0.00353	0.00466	0.00679	0.00385	0.00392	0.00502	0.0076
Lead	-			. '-		·.·-	- ° : .			-		-	0.000673	0,000606		9.8E-05	0.0007
Mercury	4.28E-06		177E-06	151E-06	137E-05	5.36E-06	136E-05	5.73E-06	3E-06	3.87E-06	3.79E-06	9.46E-06	5.45E-06	8.12E-06		6.1E-06	1E-05
Nickel .	0.00261		0.00224	0.00236		. 0.00241	0.00193	0.00188	0.00313	. 0.00198	0.00163	0.00197	0.00229 .	0.00198	0.0022	0.0022	0.0031
Selenium		,) 	- '-	-	 	-		- :		-		:-	0	0
Silver	- : : - : :	<u> </u>	:::: <u>:</u>	- : : :				-:::	-			<u>:</u> ,	0.000116	0.000186		2.3E-05	0.0002
Thallium			**:	- '		-	* 1.		-	-		-		1. 1		0	0
Zinc	0.0286		0.0206	0.031		0.0313	0.0298	0.031	0.00303	0.027	0.0251	0.0619	0.0341	0.033	0.0216	0.02907	0.0619
Cyanide _		į	- :	:' :		0.008	:::	: - : .		-	-, -,	· · ·	- · ·	•	- :: - : : :	0.00062	0.008
Phenolic Compounds				- :		0.056			•	-	•:		-	:. :		• •	
Pentachloro pheno I	71. ₃ .72		-	- ::		-: :	.		; _	::		1.1			-	0.00431	0.056
Hardness	65.3		67.6	80.8		85.4	76.6	84.9	99.6	89,1	80.4	82.4	85.3	67.7	70.2	79.6385	U
									-		!	·:			٠.,	. 5.0000	
Influent	7/28/2014	:.: . ⁻	8/11/14	8/16/14	.:.	9/8/14	9/15/14 .	10/6/14	10/13/14	. 11/3/14	11/10/14	12/1/14	12/8/14	1/5/15	1/12/15	Average	
Copper	0.0212		0.0197	0.0177		0.0166	0.0191	0.00172	0.0124	0.0144	0.0188	0.0188	0.0143	0.00767	0.0246	0.01592	
																	orana pasa.

Attachment #3 Outfall 101

: .	1	r L	CHEMICAL SPECI	FIC SCREENIN	G CALCULATION SHE	हा	Tabel 3			ŀ.	• •
	1	i La partir de la companya de la comp	<u> </u>		Ĺ						
FACILITY:	Meridian POTW	V - Outfall 101		PERMIT No:	MS0020117		Average Hardness	50		[
						1 7 7 8 101,1-1-101,111			· Adams of Control of	i i i i i i i i i i i i i i i i i i i	· marramana.a.
IWC (%) =	97.00	1.		MA (%)=			and the second s	no en sessionarios e p	and the second second specifical of a	- numerous and dollar	defection or the man
				1:		*	1				
		USED IWC WHI	CH IS WORSECASE	THAN MA, HOV	VEVER IF NEEDED WILL	USEMA					my, 1,1 m. 1
	[1]	[2]	[3]	[4]	[5]	[6]	[7]	- [8]	[9]	[10]	[11]
La taranta	Max.	Max Downstream	Acute Criteria	Pass or	Long Term Average of	LTA Downstream	Chronic Criteria	Pass or	LTA Downstream	Human Health	Pass or
PARAMETER	Conc. (mg/l)	Conc. (mg/l) *	Allowable (mg/l)	Fail	All Tests (mg/l)	· Conc. (mg/l) **	Allowable (mg/l)	Fail	Conc. (mg/l) ***	Allowable (mg/l)	Fail
A			T	T			1				
Antimony -	0.0176	0.017072	0	_ :	0.002284615	0.002216077	.0	_	0.002216077	0	——
Arsenic	0.00202	0.00195940	0.34	PASS	0,000410846	0.000398521	0.15	PASS	0.000398521	0.024	PASS
Beryllium	0	0	0	PASS	. 0	0	0 ,	PASS	0	0 :.	PASS
Cadmium	0.000153	0.00014841	0.00103	PASS	2.06154E-05	1.99969E-05	0.000151892	PASS	1,99969E-05	0.168	PASS
Chromium, (III)	0.00172	0.0016684	0.322961712	PASS	0.000635385	0.000616323	0,042010683	PASS	0.000616323	140.468	PASS
Chromium, Hex	0	. 0	0.016	PASS	0	0	0.011	PASS	0	1.47	PASS
Copper	0.00758	0.0073526	0.006994234	GNAS.	0.005024615	0.004873877	0.004953041	PASS	0.004873877	1	PASS
Lead	0.000673	0.000653	0.030135914	PASS	9,83846E-05	9.54331E-05	0.001174353	PASS	9.54331E-05	0.015	PASS
Mercury	- 0.0000137	0.000013289	0.0021	PASS	6.12615E-06	5.94237E-06	0.000012	PASS	5.94237E-06	0.000153	PASS
Nickel	0.00313	0.0030361	0.260491299	PASS	0.002200769	0.002134746	0.028932541	PASS	0.002134746	4.584	PASS
Selenium	: 0	0.00000000	0.0118	PASS	. 0	0	0.0046	PASS	0	3.365	PASS
Silver	0.000188	0.00018042	0.000976443	PASS -	2.32308E-05	2.25338E-05	0		2.25338E-05	0.1	PASS
Thallium	0	0	0	PASS	0	0	0 '	PASS	· · · · · · · · · · · · · · · · · · ·	0	<u></u> .1-7-7
Zinc	0.0619	0.0600430	0.065131707	PASS	0.029071538	0.028199392	0.065664482	PASS	0.028199392	. : 5	PASS
Cyanide	0,008	0.00776	0.022	PASS	0.000615385	0.000596923	0.0052	PASS	0.000596923	220	PASS
Phenol	0.056	0.05432	0.3	PASS	0.004307692	0.004178462	0.102	PASS	0.004178462	0.3	PASS
Penta -	0 .	. 0	0.0087	PASS	0	0	0.0067	PASS	0	0.0082	PASS
* Max. Conc. X	IWC/100										
** LTA X IWC	/100							[
*** LTA X MA	L/100						i				
Notes:	*				1						
ND denotes a v	alue that is non-c	letected and/ or is giv	en a value of zero.								
The IWC is sim	ply the percentag	e of the receiving stre	am's flow that the app	licant uses durin	g		1				
low flow condit	ions.										
The MA is the	percentage of the	receiving stream's flo	w that the applicant u	ses during avera	ge						
flow conditions	i and the contract of		t in the second		A THE COLUMN THE COLUM	grie i de la Hamilyana		- ; - ;	and the second		
Criteria was ac	ijust for Hardnes	s Dependent Paran	neters based on the	average hardnes	is.				****		

Attachment #4







UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

MAY 0 6 2014

CERTIFIED MAIL 7012 1010 0002 0759 6854 RETURN RECEIPT REQUESTED

The Honorable Percy Bland Mayor, City of Meridian 601 23rd Avenue Meridian, Mississippi 39302

Re: U.S. Environmental Protection Agency and Mississippi Department of Environmental Quality Compliance Evaluation Inspection

Notice of Violation, Notice of Opportunity to Show Cause and Information Request National Pollutant Discharge Elimination System Permit Nos.: MS0020117 and MS0055735 Meridian South Publically Owned Treatment Works and Meridian East Publically Owned Treatment Works

Dear Mayor Bland:

On April 8 – 9 2014, the U.S. Environmental Protection Agency Region 4 and the Mississippi Department of Environmental Quality (MDEQ) conducted a Compliance Evaluation Inspection (CEI) of the City's Wastewater Collection and Transmission System (WCTS) associated with the Meridian South Wastewater Treatment Plant (South WWTP) and the Meridian East Wastewater Treatment Plant (East WWTP) and also performed a Reconnaissance Inspection on the City's South WWTP. The objective of this CEI was to assess the City's compliance with the Clean Water Act (CWA) and the City's National Pollutant Discharge Elimination System (NPDES) permits. Additionally, the EPA evaluated the City's Management, Operations and Maintenance Programs related to its WCTS and assessed the overall condition of the South WWTP. The inspection results are summarized in the enclosed inspection report.

During the CEI, the City provided the EPA with information gathered from its Wastewater Division customer complaint database. The EPA has several questions regarding the database, which are outlined below. The EPA also has questions outlined below regarding Sanitary Sewer Overflows (SSOs).

- 1. Please provide the date and street address for the works orders provided to the EPA during the CEI from January 2011 to present.
- 2. What does the "Line Numb" column represent in the spreadsheet submitted to the EPA during the CEI?
- 3. For purposes of this Information Request, a sanitary sewer overflow (SSO) is an overflow, spill, release, or diversion of wastewater from the sanitary sewer system. SSOs include overflows or releases of wastewater that reach waters of the U.S.; overflows or releases of wastewater that do not reach waters of the U.S.; and wastewater backups into buildings that are caused by blockages

or flow conditions in a sanitary sewer other than a building lateral. Wastewater backups into buildings caused by a blockage or other malfunction of a building lateral that is privately owned is not an SSO.

Provide a listing of all SSOs that occurred from September 2008 to the present. For each SSO provide the following:

Date(s) of the SSO;

- Time (and Date if other than a. above) when the City was notified that the SSO event b. occurred:
- Time (and Date if other than a. above) when the City (or contractor) crew responded to the

Time (and Date if other than a. above) when the SSO ceased; d.

Time (and Date if other than a. above) when corrective action was completed; e.

Location of the SSO, including source (pump station, manhole, etc.); f.

Ultimate destination of the SSO, such as surface waterbody (by name, if available), storm g. drain leading to surface waterbody (by name, if available), dry land, building, etc.;

Volume of the SSO;

Cause of the SSO such as grease, roots, other blockages, wet weather (infiltration and inflow), loss of power at pump station, pump failure, etc.;

Corrective actions taken to stop the SSO; and

Corrective actions taken to prevent this or similar SSOs in the future. k.

If available, please provide the above information in a Microsoft compatible spreadsheet

Pursuant to Section 308 of the CWA, 33 U.S.C. § 1318, the EPA hereby requests the City to provide the information set forth in the questions above. The City is required to respond to this information request, as well as the enclosed CEI report, within 30 days of its receipt of this letter. The response should be directed to:

> Ms. Sara Schiff, Enforcement Officer U.S. Environmental Protection Agency, Region 4 Clean Water Enforcement Branch 61 Forsyth Street, S.W. Atlanta, Georgia 30303-8960

The City's response to this information request should specifically reference the particular question number of the request and should be organized for the purpose of clarity. In addition, all information submitted must be accompanied by the following certification signed by a responsible City official in accordance with 40 C.F.R. § 122.22:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Failure to comply with this information request may result in enforcement proceedings under Section 309 of the CWA, 33 U.S.C. § 1319, which could result in the judicial imposition of civil or criminal penalties or the administrative imposition of civil penalties. In addition, there is potential criminal liability for the falsification of any response to the requested information.

The City shall preserve, until further notice, all records (either written or electronic) which exist at the time of receipt of this letter that relate to any of the matters set forth in this letter. The term "records" shall be interpreted in the broadest sense to include information of every sort. The response to this information request shall include assurance that these record protection provisions were put in place as required. No such records shall be disposed of until written authorization is received from the Chief of the Clean Water Enforcement Branch at the U.S. EPA, Region 4.

Based upon review of information collected during this inspection, the EPA has determined that the City violated the CWA as follows:

- 1. During the period of November 24, 2010, through March 28, 2014, the City had 74 SSOs that discharged untreated sewage from the City's WCTS associated with either the South WWTP or the East WWTP, as recorded on SSO report records submitted by the City to MDEQ and obtained by the EPA. The EPA also observed SSOs during the CEI in three locations and several manholes located throughout the City along Sowashee Creek and the service road leading to the East WWTP that reached navigable waters of the U.S, as defined by Section 502 of the CWA, 33 U.S.C. § 1362. Such SSOs were not authorized by the NPDES permits. SSOs that reach waters of the U.S. are violations of Section 301(a) of the CWA, 33 U.S.C. § 1311(a).
- 2. SSOs that reach waters of the U.S. and SSOs that do not reach waters of the U.S. are also indicative of improver operation and maintenance of the WCTS. Therefore, the City is in violation of the South WWTP Permit No. MS0020117, Condition T-28 (Proper Operation, Maintenance and Replacement), which requires the City to operate and maintain all components of the system to achieve compliance with the conditions of the permit and Permit Condition T-29 (Duty to Mitigate), which requires the City to minimize or prevent discharges from the system.
- 3. The East WWTP is permitted under Permit No. MS0055735, which contains the same operation, maintenance and replacement and duty to mitigate requirements as the South WWTP, but contains different permit condition numbers. Therefore, the City is also in violation of the East WWTP's Permit Condition T-27 (Proper Operation, Maintenance and Replacement) and T-28 (Duty to Mitigate).
- 4. The City has also failed to perform basic maintenance requirements for the Meridian South Plant, in violation of the South WWTP's Permit Condition T-27 (Proper Operation, Maintenance and Replacement). Specifically, the weir to Clarifier 2 is allowing short circuiting of the treatment process due to damaged or broken weir plates in the clarifier and one Return Activated Sludge (RAS) line is not discharging RAS properly into an aeration basin due to a ruptured RAS pipe.
- 5. The City has also violated the effluent limitations in its Permits on numerous occasions as indicated by the effluent exceedances listed in Enclosure B.

Until compliance with the CWA is achieved, the City is considered to be in violation of the CWA and subject to enforcement action pursuant to Section 309 of the CWA, 33 U.S.C. § 1319. This Section

provides for the issuance of administrative penalty and/or compliance orders and the initiation of civil and/or criminal actions.

To resolve the identified violations and discuss the EPA's possible enforcement actions, including the assessment of appropriate civil penalties, we request that representatives of the City contact Ms. Sara Schiff at (404) 562-9870 or via email at schiff.sara@epa.gov, within five business days of receipt of this letter to make arrangements for a conference. In lieu of appearing in the EPA's offices for this meeting, a telephone conference may be scheduled. The City's representatives should be prepared to provide all relevant information with documentation pertaining to the above violations including, but not limited to, any financial information, which may reflect the City's ability to pay a penalty. You have the right to be represented by legal counsel. Failure to appear may result in an immediate enforcement action against the City. The EPA may consider information provided during the meeting or telephone conference in any enforcement proceeding related to this matter.

If you should have any questions regarding this matter, please contact Ms. Sara Schiff. Legal inquiries should be directed to Ms. Tanya Floyd, Associate Regional Counsel, at (404) 562-9813 or via email at floyd.tanya@epa.gov.

Sincerely,

James D. Giattina

Director

Water Protection Division

Enclosure

cc: Mr. Hugh Smith City of Meridian

Mr. Chris Sanders
Mississippi Department of Environmental Quality

Mr. Les Herrington Mississippi Department of Environmental Quality

ENCLOSURE A

Compliance Evaluation Inspection Report

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Region 4 Water Protection Division Clean Water Enforcement Branch



WASTEWATER COLLECTION AND TRANSMISSION SYSTEM COMPLIANCE EVALUATION INSPECTION AND WASTEWATER TREATMENT PLANT RECONNAISSANCE INSPECTION REPORT

Public Works Department

City of Meridian

Lauderdale County

Mississippi

NPDES Permit Nos. MS0055735 and MS0020117

Facility Address: 311 27th Avenue

Meridian, Mississippi 39302

Inspection Date:

April 8 - 9, 2014

Inspectors:

Dennis Sayre, EPA Region 4
Sara Schiff, EPA Region 4
Jim Harvey, MDEQ

Inspection Report Prepared by:

Dennis Sayre

April 18, 2014

TABLE OF CONTENTS

Contents				i.	: 1
. OVERVIEW		• • • • • • • • • • • • • • • • • • • •			1
II. OBJECTIVES	******************				i
III. INVESTIGATION METHO					2
IV. REGULATORY SUMMAR	ξΥΥ				2
V. INSPECTION SUMMARY					3
A. Management Intervie	w			••••••••••••••••••••••••••••••••••••••	3
B. SSO Observations			•••••		 ጸ
C. WWTP Observations	Ş				11
D. Conclusion					1.2
1. Management, N	Maintenance and Ope	erations Programs			12
a. Mapping	Program				. 12
	ontrol Program				12
c. Capacity	Assurance Program.		na	:	î
d. Preventiv	e Maintenance and I	inspection Program	.:		14
e. Sewer Ov	erflow Response Pl	an			

ABBREVIATIONS AND ACRONYMS

CEI Compliance Evaluation Inspection

CWA Clean Water Act

DMR Discharge Monitoring Report

EPA United States Environmental Protection Agency

GIS Geographic Information System

GPM Gallons per Minute
I/I Infiltration/Inflow

ICIS Integrated Compliance Information System

MDEQ Mississippi Department of Environmental Quality
NPDES National Pollutant Discharge Elimination System

MGD Million Gallons per Day

MOM Management, Operation, and Maintenance

PS Pump Station

SORP Sewer Overflow Response Plan

SSO Sanitary Sewer Overflow

WCTS Wastewater Collection and Transmission System

WWTP Wastewater Treatment Plant

I. OVERVIEW

The Meridian Public Works Department consists of seven divisions: Engineering, Construction, Administration, Environmental, Business Operations, Water, and Wastewater. The Wastewater Division provides sanitary sewer services for residential, commercial and industrial entities within the City of Meridian (the City) and receives domestic wastewater from Meridian Naval Air Station, Key Field Air National Guard Base, the City of Marion (Population: approximately 1500), and the East Mississippi Correctional Facility that lies outside the Meridian city limits. The Wastewater Division is responsible for the operation and maintenance of two wastewater treatment facility, approximately 330 miles of sewer gravity line and force mains, 66 pump stations and other sewer related appurtenances serving approximately 40,800 residential customers within the city limits.

In March 2014, the Clean Water Enforcement Branch, EPA Region 4 received a citizen's complaint with photographic evidence and location descriptions that described a series of illicit discharges originating from the City's wastewater collection and transmission system (WCTS). Subsequently, the EPA conducted a Compliance Evaluation Inspection (CEI) of the City's sewer system on April 8 through April 9, 2014. The purpose of this CEI was to evaluate compliance with the CWA as it relates to Sanitary Sewer Overflows (SSOs) from the WCTS and to assess the City's Management, Operations and Maintenance (MOM) programs. Additionally, the purpose of this compliance inspection was to substantiate the citizen's complaint and to examine the causes and potential corrective actions for SSOs from the WCTS.

On April 8, 2014 the EPA conducted an independent reconnaissance inspection as a prerequisite site visit of locations identified in the citizen's complaint. The City experienced 1.61
inches of rain on April 7th and 0.47 inches of rain on April 8th, according to Key Field Airport
data. The EPA photographed several SSOs on April 8th. On April 9th, the EPA and the
Mississippi Department of Environmental Quality (MDEQ) conducted a CEI with the City,
which the EPA requested written documentation of any MOM programs that the City may
use to operate and maintain the WCTS. The EPA also discussed inspection and maintenance
records, interviewed management personnel and visited various sites in the WCTS, including
some of the SSOs that were sighted the previous day, and two pump stations. This report
describes EPA's findings, identifies areas of concern and presents preliminary
recommendations.

II. OBJECTIVES

The specific objectives of the inspection were to assess the City's compliance with the CWA, evaluate reported SSOs, assess the MOM programs, where implemented, and to examine the causes of SSOs in the City's sewer system.

III. INVESTIGATION METHODS

The investigation included:

- Review of citizen's complaint;
- Review of the Integrated Compliance Information System National Pollutant
 Discharge Elimination System (ICIS-NPDES) federal database, state documents and
 the NPDES Permit;
- Interviews with the City's Wastewater Division personnel and Public Works Director;
 and,
- Visual inspection.

IV. REGULATORY SUMMARY

The MDEQ is authorized under the CWA to implement the NPDES program in Mississippi. The Meridian South Wastewater Treatment Plant (South Plant) is authorized under MDEQ's NPDES Permit No. MS0020117 (the South Permit) and the Meridian East Plant (East Plant) is authorized under the NPDES Permit No. MS0055735 (the East Permit) to discharge treated sewage into Sowashee Creek. The City is currently transitioning to a 100% re-use system by supplying 100% (or near 100%) of the flow from the combined South Plant and East Plant flow to be used as cooling water for the Southern Company power plant currently under construction in Kemper County. The East Plant outfall has been diverted to the South Plant for mixing and eventual discharge to a Southern Company power plant; however, the combined flow is currently being discharged into Sowashee Creek using the South Plant outfall until such time that the power plant construction is completed and capable of accepting flow from the City. The MDEQ is working to combine the South Plant and East Plant permits into one permit. Both NPDES permits are currently valid. Estimated tie-in, according to Meridian officials, is August 2014. The South Plant and the East Plant are both major dischargers with a combined permitted capacity of 14 million gallons per day (MGD).

The Sowashee Creek is a major tributary of the Pascagoula River in the Pascagoula River Basin and is listed on Mississippi's 2010 and 2012 303(d) list as impaired for Nitrogen and Phosphorus. MDEQ has also developed Total Maximum Daily Loads (TMDLs) for Sowashee Creek to address previous 303(d) listed impairments; including a Sedimentation TMDL and an Organic Enrichment/ Low Dissolved Oxygen TMDL.

SSOs are prohibited discharges based on Sections 301 and 402 of the CWA which generally prohibit the discharge of pollutants by any person unless authorized by an NPDES permit. The East Permit Condition No. T-27 and the South Permit Condition No. T-28 requires the City to minimize or prevent discharges. The East Permit Condition No. T-28 and the South Permit Condition No. T-29 also requires the City to operate and maintain all components of the system to achieve compliance with the conditions of the permit.

V. INSPECTION SUMMARY AND FINDINGS

The EPA performed a pre-inspection evaluation and an on-site inspection of the WCTS. The pre-inspection evaluation of the City's WCTS consisted of examining historic records submitted by the City. This section will provide a summary of both means of inspection as well as any recommendations to the City to improve the WCTS performance.

A. Management Interview

The EPA met with the City's Director of Public Works (the Director), the Utility Line Superintendent, and a MDEQ staff member at 8:00 a.m., April 9, 2014, at the City's Public Works office. Topics of discussion during the meeting included the use and documentation of any MOM programs, including Mapping, Sewer Overflow Response Plan (SORP), Preventive Maintenance Programs, Operations Programs, Continuous Sewer System Assessment Program (CSSAP), Capacity Assurance Program, and Fats, Oil, and Grease (FOG) Control. The EPA also discussed SSOs that the City may be experiencing, citizen complaints and record keeping.

The EPA discussed concerns relating to SSOs in detail with the Director and inquired about each program listed above to determine whether a formal or non-formal (not in writing) program existed to manage various maintenance and operations needs of the WCTS.

The City has its WCTS mapped in a GIS-based map that displays sewer pipe and manhole locations. The EPA did not examine the details of the GIS mapping system or what data is maintained in the GIS system except for sewer pipes and manhole locations. The City does not have an advanced GIS add-on to track detailed sewer data.

The City has also developed and implemented a SORP-like document in two separate documents titled "Emergency Response and Contingency Plan" and the "Bypass and Sanitary Sewer Overflow Reporting and Follow-up" documents. These documents include information on responding to and cleaning up an SSO, notification to MDEQ procedures, available equipment, and important contact information. These documents were not closely evaluated during the inspection but they were approved by MDEQ as a product of a previous Agreed Order between the City and MDEQ. These documents do not include guidance on estimating SSO volume.

The City has two jetter-trucks and crews. The City also has three trailer mounted bypass pumps, one camera truck, a hand-held camera, excavation and trenching equipment, spare pipes, manhole structures and fittings to respond to SSOs and perform necessary structural repairs.

The City has 66 pump stations throughout the WCTS. Of the 66 pump stations, none of the pump stations have onsite emergency back-up power. The City has three trailer mounted pumps, one or two portable emergency generator used for emergency pump station operations. The City does not appear to have formal written preventive maintenance or

operations programs, but the City demonstrated that they have a routine pump station inspection program and perform maintenance as needed.

The City does not have a formal CSSAP. The City is performing pieces of a typical CSSAP, such as periodic wet well and manhole inspections.

The City does not have any formal, written preventive maintenance programs for maintenance of the WCTS.

The City does not have a formal capacity assurance program to ensure adequate capacity in the system for new sewer connections.

The City has no formal written FOG program; however, the Public Works Department is authorized to inspect grease traps. The City's Sewer Use Ordinance sets the effluent standard for grease concentrations to be 100 mg/l maximum, businesses that exceed that concentration requires a grease interceptor or grease trap. The Public Works Department did not present any formal grease trap inspection schedule or program. The City's Line Superintendent stated that approximately 75% of the City's SSOs originate from grease related blockages.

The City has a rudimentary customer complaint system and procedures that rely on the initiation of paper work orders within the Public Works office to respond to, and address customer complaints during normal business hours. The Public Works call-in number is publicized on the City's website. Outside of normal business hours, complaint calls are received at the Drinking Water Plant. Paper work orders are entered into a basic database software system (IBM AS400 software) to track and maintain basic records; however, there are no established procedures to maintain the original customer complaint record and the database being used to track work orders is old and rather antiquated for a City of this size. Weekly reports are routed to the Director for review and copied to the Mayor and City Council.

B. SSO Observations

Discharges to waters of the United States from sanitary sewer systems are prohibited unless authorized by an NPDES permit. In addition, overflows from the sewer system that do not reach waters of the United States can be indicative of a failure to comply with the proper operation and maintenance provisions of City's permits.

An examination of the information submitted to the EPA from a concerned citizen indicated that the City is experiencing SSOs in various locations, most of which appeared to be occurring along a major trunk line that runs alongside of Sowashee Creek. This portion of the City's WCTS provides flow to the South Plant. Figure 1 shows the approximate locations of the SSOs reported via citizen's complaint.

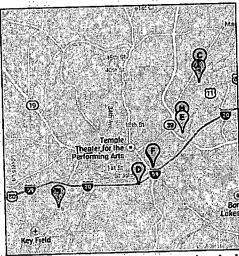


Figure 1. Orange and green pins indicate SSO locations, blue pin A is the East Plant, blue pin B is the South Plant.

Figures 2 through 6 are SSO locations discovered on April 8th and April 9th.

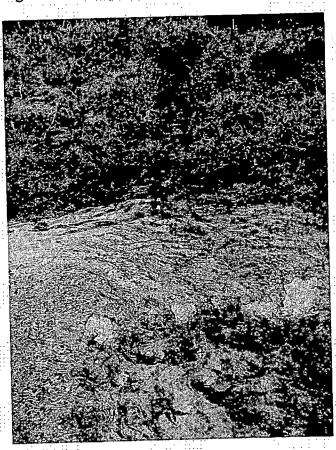


Figure 2. An SSO located on Sowashee Drive occurring on April 8, 2014. The ditch was dug by an unknown citizen, not the City (according to the City), and diverts flow from the manhole directly into a tributary creek of Sowashee Creek. The flow from the SSO would have entered the creek without the ditch. The EPA discovered three manholes on Sowashee Drive that were actively discharging.

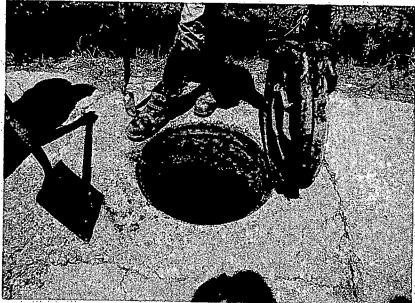


Figure 3. This manhole is also located on Sowashee Drive and is one manhole upstream of the manhole in Figure 2. This manhole was uncovered on April 9, 2014. The surcharged condition of this manhole is 6 inches from the lid. Massive root build-up at the crown is evident.



Figure 4. An active SSO located next to Sowashee Creek behind businesses near 108 U.S. Hwy 80 on April 8, 2014. The inspection team returned to this sight with MDEQ and the City and noted that the pipe was still surcharged to the top of the manhole on April 9, 2014.

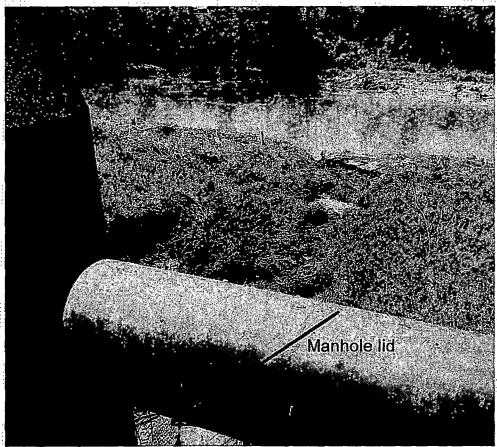


Figure 5. This is the same manhole pictured in Figure 4. This manhole experienced enough pressure to blow the manhole lid off of the crown (arrow) and flows often enough, and strong enough to cut a substantial open channel to Sowashee Creek. Multiple manholes along this stretch of pipe had misplaced (but not blown off of the crown) manhole lids.



Figure 6. This SSO was observed on April 8, 2014 on the service road leading to the East Plant. The inspection team did not revisit this site with MDEQ or the City.

C. WWTP Observations

The EPA performed a Reconnaissance Inspection on April 9, 2014, accompanied by MDEQ and the Lead Plant Operator for the South Plant. The following are observations noted during inspection. The South Plant is a conventional activated sludge treatment plant. The South Plant consists of the originally designed activated sludge treatment system (the "old side") and a newer activated sludge system (the "new side") that is larger than the original design. Both treatment systems have separate biological treatment trains, including separate chlorine contact chambers, the flow from both treatment trains are blended together before the outfall.

The Mixed Liquor Suspended Solids (MLSS) in the aeration basins appeared to be thin, meaning that the biomass to liquid ratio was low (Figure 7). The Lead Operator stated that the MLSS is about 2500 mg/L. Normal range for this type of plant ranges from 2000 to 4000 mg/L, depending on the individual plant characteristics. 2500 mg/L is within acceptable book limits; however, low MLSS concentrations can lead to permit limit exceedances and it is unclear whether this plant can operate efficiently at 2500 mg/L.

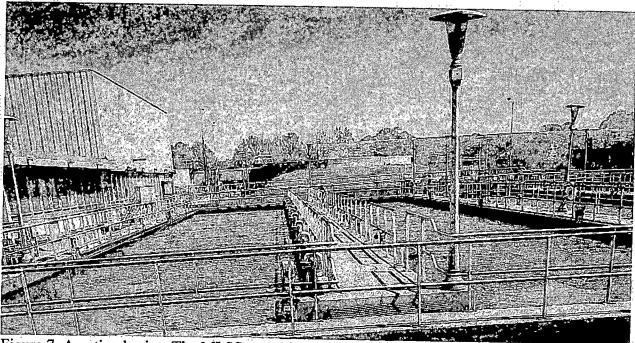


Figure 7. Aeration basins. The MLSS was thin and light brown in appearance.

A "sludge judge" was inserted into Clarifier 1 to measure the sludge blanket levels. The sludge judge measured a low sludge blanket (Figure 8). The Lead Operator stated that he had wasted solids the day before. Nominal sludge depth is determined on a case-by-case basis, but this low of a blanket is indicative of recent wasting operations.



Figure 8. A sludge judge was used to measure sludge blanket depth in Clarifier 1. Sludge depth appeared to be less than one foot in depth.

The inspection team noted several operation and maintenance issues throughout South Plant. The surface skimmers used to remove floating debris for all of the clarifiers have been removed. Removing these skimmers may not have a significant operational impact on the quality of the effluent, but solids floating in the clarifier and algae blooms reported to regularly occur during hotter seasons can cause wear and tear on the equipment. The weir for Clarifier 2 is dysfunctional and short circuiting the system (Figure 9). This type of weir separation was noted on more than one location in Clarifier 2. Significant algae build up was noted on all of the clarifier weirs.

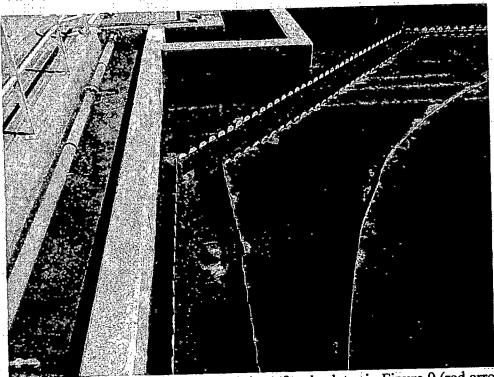


Figure 9. Clarifier 2. Note the separation of weir plates in Figure 9 (red arrow).

The inspectors noted a Return Activated Sludge (RAS) line that is broken above the aeration basin on the "new side" of the plant (Figure 10). The RAS discharging a portion of its flow above the basin may not be affecting the operations of the system, but it is indicative of improper operation and maintenance.

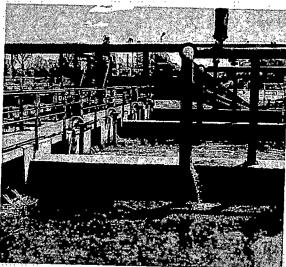


Figure 10. Aeration basin with dysfunctional RAS line.

The inspectors noted that the clarified effluent entering and exiting the chlorine contact chamber on the "new side" was significantly turbid (Figure 11). The flow entering and exiting the "old side" was much less turbid, but not clear.



Figure 11. Chlorine Contact Chamber for the "new side". Flow exiting the chamber was notably turbid and had an unclean appearance.

D. Conclusion

The City's personnel were courteous and appear knowledgeable about the system; however, there are some significant deficiencies noted above. The City has not developed and implemented many formal MOM programs, even though they are currently performing some of the work inclusive of the MOM programs.

The City maintains that they have knowledge of the systems wet weather capacity deficiencies. The Director stated that a pump station project is planned to redirect some to the flow that is impacting the length of pipe experiencing SSOs along Sowashee Creek to the East Plant, but the City did not provide supporting evidence that this addition will eliminate the SSOs. Deficiencies noted above are indicative of a Public Works that appears to be undermanned, underfunded and ill-equipped to properly operate and maintain a publically owned treatment system of this size and magnitude. The inspectors noted sewer manholes that were immersed in water (Figure 12 below), manhole crowns displaced from the main structure, manhole lids blown off of the crown, broken major components at the South Plant, all in the measure of less than 10 hours of inspection.



Figure 12. Manhole immersed in water.

The City should immediately take steps to address the wet weather issues in the system and repair damaged components at the South Plant. A thin MLSS at the South Plant may also be indicative of excessive Inflow and Infiltration (I/I) being introduced into the treatment process causing a low MLSS and turbid effluent. The City should immediately take steps to assess the WCTS for excessive I/I that are contributing to the wet weather SSOs and to the likelihood of excessive I/I being introduced into the WWTP.

The City should also update their software for tracking complaints and work order to better maintain records required of the regulatory community and to allow for more efficient trend analysis of the system, among other advantages. The City stated that 75% of the SSOs that occur in the system are FOG related. Given that the known wet weather SSOs are significant in number and volume, the EPA must assume that FOG related SSOs are a significant

problem causing SSOs within the City.

1. Management, Maintenance and Operations Programs

The EPA noted some preventive maintenance procedures that the City is utilizing that are in keeping with best management practices to operate and maintain the system; however, the EPA has some major concerns with regard to the City's FOG program, Capacity Assurance Program, Continued Sewer Assessment Program, Infrastructure Rehabilitation Program and other programs that should be formally adopted to properly operate and maintain this size of system. The EPA recommends that the City develop formal written programs for these preventive maintenance procedures and programs. Developing formal written programs will aid the City in refining these programs, which should increase efficiency of the programs and provide guidance for the implementation of these programs that can be passed down to the next maintenance generation.

MOM Program development guidance documents can be found on EPA, Region 4's website at http://www.epa.gov/region4/water/wpeb/momproject/. Recommended MOM programs include:

a. Mapping Program

Formal Mapping Program documentation should be developed to ensure consistency of map protocol and to provide official guidance for map review and maintenance. The existing GIS program should be expanded to include more sewer specific configuration data and maintenance tracking data such as pipe cleaning and inspection.

b. Grease Control Program

The EPA recommends that the City develop documents that outline procedures and provide guidance on how to manage and reduce FOG build-up in the WCTS. A valid FOG program includes providing guidance documents for permitting, inspection, enforcement, compliance tracking, budgeting, establishing inspection priorities, public education guidance and performance goals and provide specific grease control obligations for food service establishments in accordance with City ordinances. Formal FOG program development should include a review of the City's ordinances to ensure that the appropriate Public Works personnel have the ability to adequately enforce FOG related ordinances.

c. Capacity Assurance Program

The EPA recommends that the City develop a formal Capacity Assurance Program that includes specific criteria for approval of additions to the system balancing Permit requirements and the City's codes and ordinances; performance measures used to approve or deny an extension of the collection system; and procedures used to

calculate capacity in the collection system and at the treatment plant.

d. Preventive Maintenance and Inspection Programs

The EPA recommends that the City develop formal written MOM Programs with aggressive preventive maintenance, inspection and rehabilitation programs that define goals for cleaning, inspection, rehabilitation, preventive maintenance activities, including:

A <u>Gravity Line Preventive Maintenance Program</u>. The Gravity Line Preventive Maintenance Program should include the following components: 1) blockage abatement mechanisms (including both hydraulic and mechanical cleaning); 2) root control mechanisms; 3) debris control mechanisms, and 4) manhole preventive maintenance procedures. This program should include the following activities: 1) identification of, and provision for, all personnel and equipment needed; 2) determination of the frequency; 3) establishment of procedures; 4) establishment of priorities for scheduling; 5) the use of standard forms; 6) establishment of record keeping requirements; 7) establishment of performance measures; and 8) integration of all data collected under the program with other information management systems.

A <u>Continuing Sewer System Assessment Program (CSSAP)</u>. The CSSAP should establish procedures for setting priorities and schedules for undertaking the WCTS assessment including: 1) corrosion defect identification; 2) routine manhole inspections; 3) flow monitoring; 4) CCTV activities; 5) gravity system defect analysis; 6) smoke testing, and; 7) pump station performance and adequacy analysis. The CSSAP should provide for the assessment of at least ten percent (10%) of the WCTS on average per year, resulting in the assessment of the entire WCTS at least once every ten years, and establish priorities and schedules taking into consideration the nature and extent of customer complaints; flow monitoring; location and cause of SSOs and WCTS deficiencies; any remediation work already ongoing; pump station run times; field crew work orders; any preliminary sewer assessments, such as flow monitoring results; community input; and any other relevant information.

A <u>Infrastructure Rehabilitation Program (IRP)</u>. The IRP should establish procedures for setting priorities and schedules for undertaking rehabilitation of the WCTS. The IRP should address Infiltration/Inflow (I/I), structural issues in the WCTS, and the other conditions causing SSOs, with the goal of eliminating future SSOs. The IRP should take into account all previous information the City has gathered including any information gathered pursuant to the CSSAP. The IRP should also establish standard procedures to analyze the effectiveness of completed rehabilitation projects.

A <u>Pump Station Operations and Preventive Maintenance Program</u>. The Pump Station Operation and Preventive Maintenance Program should include or address the following items/components described below:

- i. Pump station operations at pump stations that are to be conducted on a routine, scheduled basis. The program should define the standard pump station operating procedures to be followed at each pump station such as reading and recording information from the elapsed time meters, recording information from the pump start counters, observing wet well conditions and grease accumulation, checking and re-setting, as necessary to improve system performance, wet well set points, checking and recording system pressure, checking SCADA components, checking alarms and stand-by power and identifying maintenance needs.
- ii. Emergency pump station operations procedures. The program should address pump station operations at pump stations that are to be conducted as a result of equipment failure or loss of electrical power. The program should define the emergency pump station operating procedures to be followed at each pump station such as calling for emergency maintenance, initiating standby power by bringing in portable generators or initiating portable pump operations for pump around.
- iii. The program should establish schedules, routes, priorities, standard forms and reporting procedures and establish minimum acceptable performance measures and condition grading criteria.

Preventive maintenance and inspection programs can have a significant positive impact on the future condition of the WCTS. A properly implemented preventive maintenance, inspection and rehabilitation programs can prevent a massive outlay of expenses needed to repair or replace parts of the system that City personnel 'did not see' failing due to the lack of prevention. Relatively small preventive maintenance expenses now can save the City larger repair expenses in the future. Formal guidance can also be used to educate City officials, such as the Mayor and City Council responsible for funding decisions and the allocation of resources essential to proper operation and maintenance of the utility.

e. Sewer Overflow Response Plan

The EPA recommends that the City update its existing SORP to include procedures for estimating SSO volumes.

ENCLOSURE B

NPDES Permits Effluent Limit Exceedances

South WWTP - M Violation Type			Violation		
Single Event Violation	D0011 Permit Violations - Discharge Without a Vali	Violation Cod	le Date	RNC Detection Code-Date	RNC Resolution Code-Date
Effluent Violation	001 N 01119 Copper, total recoverable Effluent	D0011	3/15/2010	J-03/15/2010	8-08/30/2010
Effluent Violation	Gross Season ID:0 C2 001 N 01119 Copper, total recoverable Effluent	E90	4/30/2009		
	Gross season ID:0 C2	E90	8/31/2009	X-09/14/2009	9-09/28/2009
Effluent Violation	001 N 00300 Oxygen, dissolved [DO] Effluent Gross Season ID:0 C1	E90		X-10/22/2009	9-10/22/2009
Effluent Violation	001 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C2	E90		T-10/31/2009	
Effluent Violation	001 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3	E90	ini	X-10/22/2009	2-07/31/2010
Effluent Violation	001 N 00300 Oxygen, dissolved [DO] Effluent Gross Season ID:0 C1	E90	10/31/2009	. 10/22/2009	9-11/02/2009
ffluent Violation	001 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C2	E90			
ffluent Violation	001 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3			Г-10/31/2009	2-07/31/2010
ffluent Violation	001 N 00610 Nitrogen, ammonia total las NI Effluent	E90	10/31/2009		
ffluent Violation	001 N 00610 Nitrogen, ammonia total (as N) Efficient	E9U	11/30/2009 T	-04/30/2010	3-08/30/2010
	Gross Season ID:0 C3 001 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C3	E90	11/30/2009		
	Gross Season ID:1 C3 001 N 74055 Coliform, fecal general Effluent Gross Season ID:0 C3	E90	12/31/2009		
	SCUSON ID.O CZ	E90	12/31/2009		
	001 N 74055 Coliform, fecal general Effluent Gross Season ID:0 C3	E90	12/31/2009		
luent Violation	001 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C2	90	1/31/2010 T-(<u> </u>	

*:::::.

Effluent Violation Efflue	1/31/2010 2/28/2010 2/28/2010 2/28/2010 2/28/2010 3/31/2010 3/31/2010 3/31/2010		3-08/30/2010
Season ID:0 C3 O01 N 74055 Coliform, fecal general Effluent Gross Season ID:0 C2 O01 N 74055 Coliform, fecal general Effluent Gross Season ID:0 C3 O01 N 74055 Coliform, fecal general Effluent Gross Season ID:0 C3 O01 N 81010 BOD, 5-day, percent removal Percent Removal Season ID:0 C1 O01 N 81011 Solids, suspended percent removal Percent Removal Season ID:0 C1 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 Q2 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C2 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C3 O01 N 0060 Chlorine, total residual Effluent Gross Season ID:0 C2 O01 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3 O01 N 74055 Coliform, fecal general Effluent Gross Season ID:0 C3 O01 N 74055 Coliform, fecal general Effluent Gross Season ID:0 C3	2/28/2010 2/28/2010 2/28/2010 2/28/2010 3/31/2010 3/31/2010		3-08/30/2010
Season ID:0 C2 O01 N 74055 Coliform, fecal general Effluent Gross Season ID:0 C3 O01 N 81010 BOD, 5-day, percent removal Percent Removal Season ID:0 C1 O01 N 81011 Solids, suspended percent removal Percent Removal Season ID:0 C1 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 Q2 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C2 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C2 O01 N 00610 Nitrogen, ammonia total [as N] Effluent E90 O01 N 00610 Nitrogen, ammonia total [as N] Effluent E90 O01 N 00610 Nitrogen, ammonia total [as N] Effluent E90 O01 N 00610 Nitrogen, ammonia total [as N] Effluent E90 O01 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C2 O01 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3 O01 N 74055 Coliform, fecal general Effluent Gross O01 N 74055 Coliform, fecal general Effluent Gross	2/28/2010 2/28/2010 2/28/2010 3/31/2010 3/31/2010		3-08/30/2010
Season ID:0 C3 O01 N 81010 BOD, 5-day, percent removal Percent Removal Season ID:0 C1 O01 N 81011 Solids, suspended percent removal Percent Removal Season ID:0 C1 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C2 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C2 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C2 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C3 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C3 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:0 C3 O01 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3 O01 N 74055 Coliform, fecal general Effluent Gross	2/28/2010 2/28/2010 3/31/2010 3/31/2010		3-08/30/2010
Removal Season ID:0 C1 OO1 N 81011 Solids, suspended percent removal Percent Removal Season ID:0 C1 OO1 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 Q2 OO1 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C2 OO1 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C2 OO1 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C3 OO1 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C2 OO1 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3 OO1 N 74055 Coliform, fecal general Effluent Gross OO1 N 74055 Coliform, fecal general Effluent Gross	2/28/2010 3/31/2010 3/31/2010		3-08/30/2010
Percent Removal Season ID:0 C1 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 Q2 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C2 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C2 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C3 O01 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C2 O01 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3 O01 N 74055 Coliform, fecal general Effluent Gross O01 N 74055 Coliform, fecal general Effluent Gross	3/31/2010 3/31/2010		3-08/30/2010
Gross Season ID:1 Q2 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C2 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C3 O01 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C2 O01 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3 O01 N 74055 Coliform, fecal general Effluent Gross O01 N 74055 Coliform, fecal general Effluent Gross	3/31/2010	- <u> </u>	3-08/30/2010
Gross Season ID:1 C2 O01 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 C3 O01 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C2 O01 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3 O01 N 74055 Coliform, fecal general Effluent Gross O01 N 74055 Coliform, fecal general Effluent Gross		V-06/30/2010	3-08/30/2010
Gross Season ID:1 C3 O01 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C2 O01 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3 O01 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3 O01 N 74055 Coliform, fecal general Effluent Gross	3/31/2010	in the second	
Season ID:0 C2 O01 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3 O01 N 74055 Coliform, fecal general Effluent Gross			
Season ID:0 C3 O01 N 74055 Coliform, fecal general Effluent Gross	3/31/2010	T-03/31/2010	2-07/31/2010
001 N 74055 Coliform, fecal general Effluent Gross	3/31/2010		
Season ID:0 C3	3/31/2010		To the Control
ffluent Violation 001 N 81010 BOD, 5-day, percent removal Percent E90	3/31/2010		
ffluent Violation 001 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:1 Q2	4/30/2010		
on N 00610 Nitrogen, ammonia total [as N] Effluent E90 Gross Season ID:1 C2	4/20/2010	T-06/30/2010	3-08/30/2010

South WWTP - MS	50020117				
Violation Type	Violation Information	Violation Co	Violation ode Date	RNC Detection	
Effluent Violation	001 N 00610 Nitrogen, ammonia total [as N] Efflue Gross Season ID:1 C3	e90	4/30/2010	Code-Date	Code-Date
Effluent Violation	001 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C2	E90	4/30/2010	T-04/30/2010	2-07/31/2010
Effluent Violation	001 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3	E90	4/30/2010		
Effluent Violation	001 N 00610 Nitrogen, ammonia total [as N] Effluer Gross Season ID:0 Q2	E90	5/31/2010		
Effluent Violation	001 N 00610 Nitrogen, ammonia total [as N] Effluer Gross Season ID:0 C2	E90	5/31/2010	V-06/30/2010	3-08/30/2010
Effluent Violation	001 N 00610 Nitrogen, ammonia total [as N] Effluer Gross Season ID:0 C3	t E90	5/31/2010		
ffluent Violation	001 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3	E90	5/31/2010	· · · · · · · · · · · · · · · · · · ·	
ffluent Violation	001 N 00610 Nitrogen, ammonia total [as N] Effluen Gross Season ID:0 Q1	£90	6/30/2010		
ffluent Violation	001 N 00610 Nitrogen, ammonia total [as N] Effluen Gross Season ID:0 Q2	E90	6/30/2010		
ffluent Violation	001 N 00610 Nitrogen, ammonia total [as N] Effluen Gross Season ID:0 C2	E90	6/30/2010 1	Г-06/30/2010	5-11/26/2012
ffluent Violation	001 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:0 C3	E90	6/30/2010		
ffluent Violation	001 N 00400 pH Effluent Gross Season ID:0 C1	E90	7/31/2010		
fluent Violation	001 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:0 Q2	E90	7/31/2010		
fluent Violation	001 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:0 C2	E90	7/31/2010 T	-07/31/2010	5-11/26/2012
fluent Violation	001 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:0 C3	E90 -	7/31/2010		
fluent Violation	001 N 01119 Copper, total recoverable Effluent Gross Season ID:0 C2	E90	6/30/2012 X	-07/19/2012	9-09/05/2012

outh WWTP - MSC Violation Type	Violation Information	Violation Code	Violation Date	RNC Detection Code-Date	RNC Resolution Code-Date
ffluent Violation	001 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C2	E90	6/30/2012	X-07/19/2012	9-09/05/2012
ffluent Violation	001 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3	E90	6/30/2012	X-07/19/2012	9-09/05/2012
ffluent Violation	001 N 01119 Copper, total recoverable Effluent Gross Season ID:0 C2	E90	10/31/2012	Y-11/19/2012	9-11/26/2012
ffluent Violation	001 N 01119 Copper, total recoverable Effluent Gross Season ID:0 C3	E90	10/31/2012	X-11/19/2012	9-11/26/2012
ffluent Violation	001 N 01119 Copper, total recoverable Effluent Gross Season ID:0 C2	E90	12/31/2012	Y-01/17/2013	9-04/02/2013
ffluent Violation	001 N 01119 Copper, total recoverable Effluent Gross Season ID:0 C3	E90	12/31/2012	Y-01/17/2013	9-04/02/2013
ffluent Violation	001 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C2	E90	12/31/2012	Y-01/17/2013	9-04/02/2013
ffluent Violation	001 N 50060 Chlorine, total residual Effluent Gross Season ID:0 C3	E90	12/31/2012	Y-01/17/2013	9-04/02/2013
Effluent Violation	001 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:0 C3	E90	9/30/2013		
Effluent Violation	001 N 00610 Nitrogen, ammonia total [as N] Effluent Gross Season ID:0 C2	E90	11/30/2013	X-01/15/2014	9-02/11/2014
Effluent Violation	101 A 50060 Chlorine, total residual Effluent Gross Season ID:0 C1	E90	12/31/2013	X-01/25/2014	9-02/14/2014

....

East V	VWTP - M	S0055735				···			 	· · · · · · · · · · · · · · · · · · ·	:	:		 	j
	Violati	on Type				Vic	plation Info	ormation			v	iolation Co	de V	iolation Date	
	nt Violatio	<u> </u>	001	A 01114	Lead, total	recovera	ble Effluer	t Gross Sea	son ID:0 C2	<u> </u>	E9	0 : ::.		9/30/2009	<u> </u>
	nt Violatio		001	A 00310	BOD, 5-day	, 20 deg.	C Effluent	Gross Seas	on ID:0 Q2		E9	0		6/30/2011	
	nt Violatio		001	A 00310	BOD, 5-day	, 20 deg.	C Effluent	Gross Seas	on ID:0 C3		E9	0		6/30/2011	
	nt Violatio		001	A 00400	pH Effluent	Gross Se	eason ID:0	C3	1.1	: ::::	E9	0	: ::::	6/30/2011	
-	nt Violatio	=_	001	A 00400	pH Effluent	Gross Se	eason ID:0	C3			E9(0		7/31/2011	
	nt Violatio		001	A 00400	pH Effluent	Gross Se	ason ID:0	C3 .			E90) ::::		9/30/2011	4
Efflue	nt Violatio	<u>on</u>	001	A 00310	BOD, 5-day	, 20 deg.	C Effluent	Gross Seas	on ID:0 C3		E90)	,	10/31/2011	
Efflue	nt Violatic	<u>on</u>			Solids, tota						E9()		2/29/2012	
Efflue	nt Violatio	on	001	A 81011	Solids, susp	ended p	ercent rem	oval Percei	nt Removal	Season ID	:0 C1 E90)		2/29/2012	

·

GENERAL INFORMATION

East Meridian POTW 3900 Old Highway 45 North Meridian, MS Lauderdale County

Alternate/Historic Identifiers

ID	Alternate/Historic Name			
13262	City of Meridian	User Group	Start Date	End Date
MS0055735		Official Site Name	8/16/2007	
MS0055735	Meridian POTW, Naval Air Station Facility	Water - NPDES	9/28/1999	9/16/2004
	Meridian POTW, Naval Air Station Facility	Water - NPDES	9/16/2004	3/31/2008
13262	Meridian POTW, Naval Air Station Facility	Historic Site Name		
MS0055735	East Meridian POTW		9/28/1999	8/16/2007
D!-		Water - NPDES	3/31/2008	8/31/2009

Basin:

Pascagoula River Basin

Latitude:

32° 23' 3" 3 tenths

Longitude: 88° 40' 0" 0 tenths

Location Description: CE- Center of Facility. Data collected by M. Oliver on 12/6/2004. Elevation 245 feet. Facility start-up date November 2003. Sequential Batch Reactor.

Relevant Documents:

Form 2A, Cover Letter and a Basic Application Form

*** Draft Permit ***

Page A-1 of A-1





State of Mississippi



WATER POLLUTION CONTROL PERMIT

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

THIS CERTIFIES

East Meridian POTW
3900 Old Highway 45 North
Meridian, MS
Lauderdale County

has been granted permission to discharge wastewater in accordance with the effluent limitations, monitoring requirements and other conditions set forth in this permit. This permit is issued in accordance with the provisions of the Mississippi Water Pollution Control Law (Section 49-17-1 et seq., Mississippi Code of 1972), and the regulations and standards adopted and promulgated thereunder, and under authority granted pursuant to Section 402(b) of the Federal Water Pollution Control Act.

Mississippi Environmental Quality Permit Board

Mississippi Department of Environmental Quality

Issued/Modified:

Expires:

Permit No. MS0055735

Agency Interest # 13262



Table of Contents

Subject Item Inventory	<u>)</u>		i
Facility Requirements			
General Information			A-1
Other Relevant Documents:			• •
Form 2A, Cover Letter and a Basic Application Form		•	

East Meridian POTW

MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

FORM

2A

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packets devided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater that equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A year must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A. Westment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A. Westment
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- G. Certification. All applicants must complete Part C (Certification).

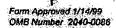
SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

East Meridian POTW





BASIC APPLICATION INFORMATION

abnent works must o	omplete questi	ons A.1 through A.8 of thi	s Basic Application info	mation paci	tet.	70 - 04	
Facility Information.					* . * · · · · · · · · · · · · · · · · ·		3.77
Facility name	East Mex	dian Wastewate	r Treatment Pl	ant	3		e4-11
Mailing Address	P. O. Bo	ж 1430			-1		***
mojety Address	Meridian	n, MS 39302					
Contact person	Yolanda	C. Brown					
Title	Chief U	tility Plant Ope	rator				
Telephone number	601-485-	-1815	•	•			
Facility Address	3900 01	l Highway 45 Nor	th		<u> </u>		
(not P.O. Box)	Meridia	n, MS 39301					7.1
Applicant Informatio	n. If the applica	nt is different from the above	, provide the following:		1		
Applicant name	ar e tratico de			25			
		<u>and a second se</u>	and the second s				
Mailing Address			a kining mangang pangang pangang				
Marie Commission			ericania y managamente de la composição de A composição de la composição d				** *** *** *** *** *** *** *** *** ***
Contact person	egisa Seria ari						
Title	-			<u> </u>			
Telephone number					An.		
is the applicant the	owner or opera	tor (or both) of the treatme	ent works?	4	-		7 17
owner		operator		•			
Indicate whether com	sspondence rega	ording this permit should be c	firected to the facility or the	a applicant.	1 S		
facility	<u> </u>	_ applicant					
Existing Environme	ntal Permits. P	rovide the permit number of	any existing environmenta	permits that I	have been issi	ed to the trea	itment wor
(include state-lesued							i i
Manager (1997)	55735		PSD _	P4 - 1	33÷ 0.**	# or to or	202010
vie <u>. </u>			Other _	Sludge	Permit	# 5WU35	<u> </u>
RCRA			Öther				- 17,711
Collection System I	nformation. Provide information	ovide information on municip on on the type of collection s	alities and areas served by	the facility. I	Provide the na wnership (mur	me an d popul ricipal, private	ation of ea
Name	- w v now a night that	Population Served	Type of Collection		Owne		
Naval Air	Station	3,400	separate	3		micipal	
					<u></u> -		
Section Sectio							
(New York Control of the Control of	pulation served	3,400					

East Meridian POTW

#MS0055735



AE								en e	The second secon	at the recording to
Д.Э.	, H)	dian Country.							The State of the S	The second secon
	a	is the treatment works located in in	dian Cour	ntry?		*				**
		* 90. ·	K No		:				:	
	b.	Does the treatment works discharge through) Indian Country?	e to a recr	eiving water that i	s either in I	idian Country	or that is up	stream from (and eventually f	lóws
		Yes X	-							
وروشود الأ	- 44	A second section of the second								
A.6.	da m	ow. Indicate the design flow rate of th illy flow rate and maximum daily flow ronth of "this year" occurring no more to	e treatme ale for ea han three	ent plant (i.e., the the choose of the last three months prior to the choose of the ch	wastewater e years. Ea his applicat	flow rate that I sch year's data ion submittal.	the plant wa must be b	as built to hand ased on a 12-n	le): Also provid nonth time pend	e the average od with the 12th
	a,	LL ST ST. OF TOUR	mgd							
			- -	Two Years Ago	2006	Last Year	2007		See.	
	b.	Annual average daily flow rate	•	0.33	2000	0.25	2007	This Y		:
	c.	Maximum daily flow rate		1.25		1,10	<u> </u>	$-\frac{0.5}{1.5}$		mgde
2.4	¥.,			Participation in			· · · · · · · · · · · · · · · · · · ·		factor of the second	mgd
A.7.	CO	illection System. Indicate the type(s intribution (by miles) of each. (425) of collect	tion system(s) us	ed by the tr	eatment plant,	Check all	that apply. Als	o estimate the	nercent
	<i>:</i>			*%;	•		•		ing and the second	17. 684 Va
		X Separate sanitary sewer	•.						100	%
	· ·	Combined storm and sanitary s	sewer						4.00	— %
A.8.	Dis	scharges and Other Disposal Metho	ods.				•			
	a.			a						و مادا می
	Ci.	Does the freatment works discharge					<u></u>	X Yes		No
. 3 1	4	If yes, list how many of each of the fo	llowing ty	pes of discharge	points the t	realment work	s ušes:			₹
		I. Discharges of treated effluent		20 %	•			* * *	ж.	
	*	ii. Discharges of untreated or partia		i effluent						
4	1	iii. Combined sewer overflow points								The state of the s
٠.		iv. Constructed emergency overflow	s (prior to	the headworks)						
٠,		v. Other	· · · · · · · · · · · · · · · · · · ·	***	*		•	3		
-: 1		war war dan		The state of the s			n n			
•).	Does the treatment works discharge that do not have outlets for discharge	affluent to to waters	basins, ponds, or of the U.S.?	r other surfa	ace impoundm	ents.			*.
		If yes, provide the following for each s		20.30				Yes		_ No
ř.		Location:	***********	parametra.				- 14 g		
y ii	1	Annual average daily volume discharg	ed to sur	frice imparindmen					TO THE STATE OF TH	
		ls discharge continuo					2		mgd .	
		- Contraction of the Contraction	us or	intern	mittent?	,				
C		Does the treatment works land-apply to	realed wa	istewater?			•	U CL	56 0	
·		If yes, provide the following <u>for each la</u>	."	- + , f		ę	**************************************			No.
		Location	VIII AMERICA							
	Ì	Number of acres			12 -12 - 21		- p. 4.1 +	7	i Sapaka	
	fŵ	Annual average daily volume applied to	- clin			Tari da ya 1			Note that we have	
		Control of the Control of Control of the Control of		\ 	The Royal Control	- 14-1 Com	Mgd			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
, 'r		2 sauce appareation	ntinuous	3f	intermitten	17:				
d	. (Does the treatment works discharge or	rtranspor	I treated or untrea	tod waetow	alasta anatha.		V 200	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	. (realment works?	G. Balany	A PARAMATA TANDA AT AT AT AT A TANDAR	ico masic.	gren in anomici	· .	Yes	· X	Nas
•		•		,			Fig. 1	2 to 10 m	 	
	,e.			and the second						ar in the



East Meridian POTW

#MS0055735

yes, pescribe the mea i.g., tank truck, pipe)	III DA MINETA DIE MOSICIA OFEN NOTE DE PROPINCI	n works is clear in ges cir its re	
		ala alam dan miningga aran da mana aran da	
transport is by a party	other than the applicant, provide:	•	
ransporter name:		57.	
lailing Address:	,		
. *			
ontact person:	And the second s		, a caractería de la c
itie:			and the second
elephone number:			and the same of t
		• •	
or each treatment wo	rks that receives this discharge, provide the folk	wing:	
W 197			
ame:			
lailing Address:			and the second s
:			
Contact person:			
itle:			
elephone number:			and the second s
N 25 W 25	IPDES permit number of the treatment works th		
Provide the average d	ally flow rate from the treatment works into the re	eceiving facility.	mgd (
Does the treatment wo	rks discharge or dispose of its wastewater in a ove (e.g., underground percolation, well injectio	manner not included in	Yes X No
nam an catalogue			
Luce rimide the follo	white of each upurpoliticator.		
1.5	(including location and size of site(s) if applicat	ile):	
		ie):	

East Meridian POTW

#MS0055735

Form Approved 1/14/99 OMB Number 2040-0088

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which efficient is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to a Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

7.9	and the second s				11.20
A.9.	Description of Outfall, a. Outfall number	001	2,46		
	b. Location	Meridian	·	39301	
		(City or lown, if applicable). Lauderdale	***************************************	39301 MS ^(Zip Code)	· · · · · · · · · · · · · · · · · · ·
1.	· · · · · · · · · · · · · · · · · · ·	(County)			
	e e e e e e e e e e e e e e e e e e e	32 degrees 23 34 (Latitude)	.36"	(State) 88 degrees 40'01.17"	
	c. Distance from shore (if a	A Company of the Comp	4	(Longitude)	
	d. Depth below surface (if a	*			-
	e. Average daily flow rate	· ·			
	Does this outfall have eith discharge?	ther an intermittent or a periodic	77.00		
	ulacitarge?		X Yes	Minute of residence of the second	·,
	If yes, provide the following	ng information:	7 7 F S	No: (go to A.9.g.)	· · · · · · · · · · · · · · · · · · ·
	Number of times per year		156 times / yr (a	upprox. 3 times / wk)	1 /
	Average duration of each	discharge:	6 hrs		ing to the
	Average flow per discharg	The second secon	0.64	mg d	
	Months in which discharge	le occurs:	Jan through Dec	mga.	
ţ	g.: Is outfall equipped with a c	diffuser?	AND THE RESERVE OF THE PROPERTY OF THE PROPERT		*
		### Programmy No. Co. Aur.	Yes	my.	
10. E	Description of Receiving Wa	aters.		Man	
a	a. Name of receiving water	Sowashee Cr	eek	Boon	
b	o. Name of watershed (if know	own)			
V V.	United States Soil Consen	vation Service 14-digil watershed	d code (if known):	ta jo 10. m. julija programa sarako erro jarokalena	h, iye
C.	en e	the second secon	· · · · · · · · · · · · · · · · · · ·	e River Basin	
17.2.3 14.3.		Survey 8-digit hydrologic catalogin	the state of the s		
	and the second second		ig nuit code (il kuowu):		
ď	 Critical low flow of receiving acute 	g stream (if applicable): cfs	chronic.		
e.	. Total hardness of receiving	stream at critical low flow (if app	Dept. Charles	cfs // of CacOa	
***			The second secon		
21					, jen
	ę.		100 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m		
	e de la seconda		*		



at CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, affluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: OUT	. What twelst of treatment are provided? Check all that apply. Primary Advanced X Other Describe: Sequencing Batch Reactors (SBR) b. Indicate the following removal rates (as applicable): Design 800 g removal ground and sequencing Batch Reactors (SBR) Design 85 removal Design N removal Other c. What type of disinfection is used for the effluent from this outfall? It disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? A yes No A. Does the treatment plaint have post aeration? 2. Effluent Teating Information. All Applicants that discharge to waters of the US must provide effluent acting data for the following parameters. Provide the indicated effluent is stelly required by the permitting authority for such outfall inrough which effluent is parameters. Provide the indicated effluent is stelling required by the permitting authority for such outfall inrough which effluent is such analysis conducted using 40 CFR Part 136 methods. In addition, this data must confuse the parameters in the stelling data from the stelling data for the following of the part 136 and other appropriate QA/QC requirements for standard methods for analytics not addressed by 40 CFR Part 136. At a minimum, offluent esting data must be based on at least three samples and must be no more than four and one-half years apart. Outfail number: Outfail number: (001 FARAMETER MAXIMUM DAILY VALUE AVERAGE DAILYVALUE AVERAGE DAILYVALUE FOR pri please report a minimum and a maximum daily value FOR part 136 ANALYTICAL SELIMBLE PAILTENT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL SELIMBLE PAILTENT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL SELIMBLE PAILTENT M	. Whistlevisks of treatment are provided? Check all that apply.	. What levels of treatment are provided? Check all that apply. Primary X Secondary (Activated Slodge) Advienced X Other. Describe: Sequencing Batch Reactors (SBR) b. Indicate the following removal rates (as applicable): Design 800, removal of Design CBOb, removal 85 % Design St removal Design Removal of Design CBOb, removal 85 % Design P removal 9 % Obter 9 % C. What type of disinfection is used for the effluent from this outfall? It disinfection varies by season, please describe. UV disinfection UV disinfection is by chorination, is dechlorination used for this outfall? It disinfection varies by season, please describe. UV disinfection is by chorination. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent stating required by the permitting authority for such outfall broads which stillural discharged in the following parameters. Provide the indicated effluent stating required by the permitting authority for such outfall broads which stillural discharged in one combined sever overlines. In addition, this data must comply with Acid Creption and the collected through analysis operprisite ADAC requirements for standard methods for analyses and addressed by 40 CFF Part 156. As a such control of the provide stating data must be based on at least three samples and must be no more than four and one-half years apart. Outfail number: Outfail number: Waxingum Dally VALUE Average Dally VAL		an POTW		#MS00557	35	,				
Advanced X Other Describe: Sequencing Batch Reactors (SBR) b. Indicate the following removal rates (as applicable): Design 800 premoval of Design CBCD, removal 85 % Design SS removal 85 % Design N removal Other 5 % Other 5 % Other 6 % Other 7 % Other 7 % Other 9 % Other 10 period disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection is by chlorination, is dechlorination used for this outfall? If disinfection varies by season, please describe. Other 9 % Obes the treatment plant have post aeration? 10 yes No It disinfection is by chlorination, all Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Per less the indicated effluent testing required by the permitting authority for each cuteful through which effluent is discharged by the permitting authority for each cuteful through with QACC requirements of the US must provide effluent testing data for the following parameters. Per less the indicated effluent testing required by the permitting authority for each cuteful through which effluent is discharged by the permitting authority for each cuteful through which effluent is discharged by the permitting authority for each cuteful through with QACC requirements of the US must be besed on data each of the US must be besed on the US must be besed on the US must be conducted effluent testing data for the following parameters. Per less the indicated effluent testing authority for each cuteful through which effluent is discharged by the permitting authority for each cuteful through which QACC requirements for standard methods for analytis and other appropriate QACC requirements for standard must be no more than four and one-half years apart. Outfall number: 001 PARAMETER MAXIMUM DAILY VALUE AVENAGE DAILY DISCHARGE ANALYTICAL METHOD MAXIMUM DAILY DISCHARGE AVENAGE DAILY DISCHARGE ANALYTICAL ME	Advanced X Other Describe: Sequencing Batch Reactors (SBR) b. Indicate the following removal rates (as applicable): Design 80D, removal or Design CBOD, removal Design 8DF removal Design 8DF removal Design N removal Other c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? Yes No Obos the treatment plant have post aeration? X Yes No 12. Effluent Teating Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through with Child Feed in a distance of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through with child effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based and data collected through analysis conducted using 40 CFR Part 136 methods. In addition, find data must only with CALGC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, offluent testing data must be based on at least three samples and must be no more than four and one-half years apan. Outfall number: Outfall number: Outfall number: Outfall number: Value Units Value Units Value Units Number of Samples 1.06 mgd 0.77 mgd 12 emperature (Winter) (May - Aug.) 30.0 Celsius 17.0 Celsius 12 emperature (Winter) (May - Aug.) 30.0 Celsius 26.9 Celsius 17.0 Celsius 12 emperature (Winter) (May - Aug.) 30.0 Celsius 26.9 Celsius 17.0 MAXIMUM DALLY DISCHARGE Conc. Units NaxiMUM DALLY DISCHARGE Conc. Units Number of Winter Number of Winter Number of Number	Advanced X Other Describe: Sequencing Batch Reactors (SBR) b. Indicate the following removal rates (as applicable): Design 800 premoval of Design CBOD, removal Design Premoval Design Premoval Design Premoval Ossign Nemoval Ossign N	Advanced X Other Describs: Sequencing Batch Reactors (SBR) b. Indicate the following removal rates (as applicable): Design 800 ₆ removal grobeling CBOb, removal Design Namoval Design P removal Design P removal Design P removal Design Namoval Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by cholination, is decidir/ration used for this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by cholination, is decidir/ration used for this outfall? If disinfection is by cholination, is decidir/ration used for this outfall? If disinfection is by cholination, is decidir/ration used for this outfall? If disinfection is by cholination, is decidir/ration used for this outfall? If disinfection is by cholination, is decidir/ration used for this outfall? If disinfection is by cholination, is decidir/ration used for this outfall? If disinfection is by cholination, is decidir/ration used for this outfall? If disinfection is by cholination, is decidir/ration used for this outfall? Yes No 12. Effluent Testing information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the infected effluent testing required by the permitting suithority for each outfall brough which efficient adults of the following instruction analysic conducted QUEC requirements for estandard methods for analysis and outfall brough which effects and the condition of the US must provide efficient data and the collection and the condition analysic condition and the c	. Description of Treat	ment. •						*		
Advanced x Other Describe: Sequencing Batch Reactors (SBR) b. Indicate the following removal rates (as applicable): Design BOD, removal of Design CBOD, removal 85 % Design Premoval Design Premoval Design Premoval Oesign Premoval Oesign Premoval Oesign Noremoval Oesign Noremoval Other LIV disinfection is used for the effluent from this outfall? It disinfection varies by season, please describe. JUV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? Yes No d. Oose the treatment plant have post seration? Z. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall his use which effluent is because and date collected through analysis conducted using 40 CFR Part 135 methods. In addition, this date must comply with Oyd CFR Part 136. At a minimium, affluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Outfall number: MAXIMUM DAILY VALUE Value Units Number of Samples No No AVERAGE DAILYVALUE No N	Advanced x Other Describe: Sequencing Batch Reactors (SBR) b. Indicate the following removal rates (as applicable): Design BOD ₄ removal gr Design CBOD ₅ removal Design SS removal Design Premoval Design Premoval Oesign N removal Outlier C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? Yes No d. Does the irrestment plant have post aeration? Z. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following persenters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is successful to not combined sever overflows in this section. All information on combined sever overflows in this section. All information reproduced using 40 CFR Part 136 methods. In addition, this date must comply with QA/QC requirements of valour methods for analysis not addition, this date must comply with QA/QC requirements of valour methods for analysis not addition, this date must comply with QA/QC requirements of valour methods for analysis not addition, this date must comply with QA/QC requirements of valour methods for analysis not addition, this date must comply with QA/QC requirements of valour methods for analysis not addition, this date must comply with QA/QC requirements of valour methods for analysis not addition, this date must comply with QA/QC requirements of valour methods for analysis not addition, this date must comply with QA/QC requirements of valour methods for analysis not addition, this date must comply with QA/QC requirements of valour methods for analysis not addition, this date must comply with QA/QC requirements of valour methods for analysis not addition, this date must comply with QA/QC requirements of valour methods for analysis not addition, this date must comply with QA/QC requirements of valour method	Advanced X Other Describe: Sequencing Batch Reactors (SBR) b. Indicate the following removal rates (as applicable): Design 800 ₂ removal or Design CBOD ₃ removal Design 85 % Design Premoval Design Premoval Design Premoval Design Premoval Other C. What type of disinfection is used for the effluent from this outfall? It disinfection varies by season, please describe. UV disinfection It disinfection is by chlorination, is dechtorination used for this outfall? 4. Does the treatment plant have post sersion? 2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the include information on combined sewer eventions in this accition, the following handysis conducted to say to combine asswer eventions in this accition, the following handysis conducted to say to combine asswer eventions in this accition, the following handysis conducted to say to confident asswer eventions in this accition, the following handysis conducted to say to confident asswer eventions in this accition, the following handysis conducted to say to confident asswer eventions in this accition, the following handysis conducted to say to confident asswer eventions in this accition, the following handysis conducted to say to confident as the following handysis conducted to say to confident as the following handysis conducted to say to confident as the following handysis conducted to say to confident as the following handysis conducted to say to confident as the following handysis conducted to say to confident as the following handysis conducted to say to confident as the following hands and the confident as	Advanced X Other Describe: Sequencing Batch Reactors (SBR) b. Indicate the following removal retex (as applicable): Design 800 _{of} removal or Ossign CBOD, removal 385 % Design Premoval 85 % Design Premoval 85 % Design Premoval 96 Cespn N removal 96 Cother 96 C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection is by chlorination, is dechlorination used for this outfall? Yes No d. Oces the instinction is by chlorination, is dechlorination used for this outfall? Yes No d. Oces the instinction is by chlorination. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each authal through which iffluent is allescharged to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent is setting authority for each authal through which iffluent is eccleted through analysis conducted using 30 CFR Part 136 methods. In addition, this data must comply with QAIQC requirements of restandard muthods for analysis and setting data must be based on distance of the setting data must be based on distance of the setting data must be based on distance of the setting data must be based on distance of the setting data must be based on at least brice a samples and must be no more than four and one-half years apart. Quital number. 001 PARAMETER MAXIMUM DAILY VALUE AVERAGE DAILY VALUE Value Units Number of Samples Water Units Value Units Number of Samples POLIUTANT MAXIMUM DAILY ALVE AVERAGE DAILY DISCHARGE ANALYTICAL METHOD Novertional And nonoconventrional compounds. Conc. Unite Conc. Units Number of Samples NOVERTIONAL AND NONCONVENTIONAL COMPOUNDS. DOCHAMICAL DAY ON ONCONVENTIONAL COMPOUNDS. DOCHAMICAL DAY ON	a. What levels of tre	alment are pr	ovided? Ct	neck all that ap	ply.					
b. Indicate the following removal rates (as applicable): Design BOD _a removal of Design CBOD, removal Design SS removal Design P removal Design P removal Design P removal Ossign N removal Ossign N removal What type of distrification is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chorination, is dechlorination used for this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chorination. All Applicants that discharge to waters of the US must provide effluent teating data for the following parameters. Provide the indicated effluent teating required by the permitting authority for each outfall through which situent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on a data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must be designed and the requirements of 40 CFR Part 136 and other appropriate QA/GC requirements for standard methods for analysis not addressed by 40 CFR Part 130. Art minimum, offluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Outfall number: Outfall number: Walue Units Value Units Value Units Number of Samples *Collation *Collati	b. Indicate the following removal rates (as applicable): Design BOD, removal of Design CBOD, removal Design Sr removal Design Premoval Design Premoval Ossign N removal Cesign N removal Ossign N removal Ossign N removal Cesign N removal Ossign N removal No No No Ossign N removal Ossign N removal Ossign N removal No No No Ossign N removal No No No No No No Ossign N removal Ossign N removal Ossign N removal No No No No No Ossign N removal No No No No Ossign N removal No No No No Ossign N removal No No No No No Ossign N removal No No No No Ossign N removal No No No No No Ossign N removal No No No No Ossign N removal No No No No No Ossign N removal No No No No No Ossign N removal No No No No No Ossign N removal No No No No Ossign N removal No No No No No Ossign N removal No No No No No Ossign N removal No No No No Ossign N remov	b. Indicate the following removal rates (as applicable): Design 60D _p removal or Design CBCD _p removal Design N removal Other c. What type of distrifection is used for the effluent from this outfall? If distrifection varies by season, please describe. UV disinfection If distrifection is by chlorination, is dechlorination used for this outfall? Yes No d. Does the finalment plant have post seration? Yes No 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent setting date for the following parameters. Provide the include information or combined sewer overflows in this section. All information reported must be based on date discharges. Do not include information conducted using 30 CFR Part 136. At a minimum, offluent testing conducted using 30 CFR Part 136. At a minimum, offluent testing conducted using 30 CFR Part 136. At a minimum, offluent testing data must be based on at least three samples and must be no more than four and ensembly years appart. Outsil number: Outsil number: Outsil number: AMAXIMUM DAILY VALUE AVERAGE DAILY VALUE Value Units Number of Samples **GUITANT** MAXIMUM DAILY VALUE AVERAGE DAILY VALUE **You I 1.06 mgd 0.77 mgd 12 **GUITANT** MAXIMUM DAILY VALUE **You I 1.06 mgd 0.77 mgd 12 **GUITANT** MAXIMUM DAILY AVERAGE DAILY DISCHARGE NALYTICAL **MALTICAL **METHOD **MALTICAL **M	b. Indicate the following removal rates (as applicable): Design 80P _s removal Removal Design 80P _s removal Design 80P _s removal Removal Removal Design 80P _s removal Removal Removal Design 80P _s removal Removal			<u></u>	1.34		vated Slu	dge)			44
Design SOD _g removal	Design SS removal Design P removal Design P removal Design P removal Design N removal Other C. What type of distriscation is used for the effluent from this outfall? If distriscation varies by season, please describe. UV disinfection If distriscation is by chlorination, is dechlorination used for this outfall? If distriscation varies by season, please describe. UV disinfection If distriscation is by chlorination, is dechlorination used for this outfall? A. Does the treatment plant have post aeration? I. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent issting required by the permitting authority for each outfall through which effluent is subjected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must be based on data stated through analysis conducted using 40 CFR Part 136 methods. In addition, this data must be based on data must be based on at local three samples and must be no more than four and one-half years apart. Outfail number: Outfail number: Walker Units Value Units Number of Samples However, Maximum Dally VALUE Value Units Value Units Number of Samples However, Maximum Dally VALUE Value Units Value Units Number of Samples However, Maximum Dally VALUE AVERAGE DAILY VALUE PARAMETER MAXIMUM DAILY VALUE Value Units Value Units Number of Samples However, Maximum Dally Value Sales POLLUTANT Discharge Average Daily Discharge Analytical ML / MDL Discharge Average Daily Discharge Analytical ML / MDL MAXIMUM DAILY value Value Onc. Units Number of Maximum and a meadmum delly value	Design BOD_removal or Design CBOD, removal Design P removal Design P removal Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? A Does the treatment plant have post aeration? Yes No d. Does the treatment plant have post aeration? X Yes No 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide this indicated effluent testing required by the permitting authority for each suiffall broads with a following parameters. Provide this indicated effluent testing required by the permitting sutherly for each suiffall broads with a following parameters. Provide this indicated effluent testing required by the permitting sutherly for each suiffall broads within the following parameters. Provide this indicated effluent testing required by the permitting sutherly for each suiffall broads within the following parameters. Provide this indicated effluent testing eath for the following parameters. Provide this indicated effluent testing eath for the following parameters. Provide this indicated the parameters of the US must provide effluent testing eath for the following parameters. Provide this indicated the parameters of the US must provide effluent testing eath for the following parameters. Provide effluent testing data must be based on at least three samples and must be no more than four and one-half years spart. Outfail number: Outfail number: Outfail number: Wall Units Value Units Number of Samples Following (May - Apr) 22.2 Celsius 17.0 Celsius 12 **Top of Design report a minimum and an amount daily value **POLIUTANT* MAXIMUM DAILY VALUE AVERAGE DAILY DISCHARGE ANALYTICAL METHOD **Top of Design report a minimum and an amount daily value **Top of Design report a minimum and an amount daily value **To	Design 800 premoval per Design CBOD, removal 85 % Design P removal 85 % Design P removal 9% Design N removal 9% Other 5% C. What type of disinfaction is used for the effluent from this outfall? If disinfection varies by season, please describe. JIV disinfection is by chiodination, is dechlorination used for this outfall? If disinfection varies by season, please describe. JIV disinfection is by chiodination, is dechlorination used for this outfall? Yes No d. Does the treatment plant have post seration? 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following personeters, Provide the indicated effluent itsetting required by the permitting authority for each outfall through which effluent is elident setting data for the following personeters, Provide the indicated effluent itsetting required by the permitting authority for each outfall through which effluent is elident indicated effluent itsetting requirements of a distinct this distant must complying 40 CFR part 135 and other appropriate OA/GC requirements for standard methods for analytics and addressed by 40 CFR part 136. At a minimum, effluent testing data must be besed on at least three samples and must be no more than four and one-half years apart. Outfall number: Outfall number: 001 PARAMETER MAXIMUM DAILY VALUE	Adv	inced		X Othe	r. Describe:	Sequencin	ig Batch	Reactors	(SBR)	· · · · · · · · · · · · · · · · · · ·
Design 800 g removal Design 8 removal Design 9 removal Design 10 removal W disinfection is used for the effluent from this outfall? It disinfection varies by season, please describe. UV disinfection is by chlorination, is dechlorination used for this outfall? Yes No d. Does the treatment plant have post seration? X Yes No 12. Effluent 1 esting Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each autiful through which affluent is addischarged. Do not include information on combined sewer overflows in this section. All information repeated must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QACC requirements of 40 CFR Part 136 and other appropriate QACIC requirements for standard methods for analysis and addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years spart. Outfall number: Outfall number: Outfall number: Value Units Value Units Number of Samples H(Minimum) 7 - 5 s.u. 8 - 4 9 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	Design 80D _g removal of Design CBOD _g removal Design Sr emoval Design P removal Design N removal Design N removal Other C. What type of distrilection is used for the effluent from this outfall? If distrilection varies by season, please describe. UV distribution is by chlorination, is dechlorination used for this outfall? If distribution varies by season, please describe. UV distribution is by chlorination, is dechlorination used for this outfall? If distribution varies by season, please describe. UV distribution is by chlorination, is dechlorination used for this outfall? Yes No 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent is sting arounters. Provide the indicated effluent is sting required by the permitting authority for each outfall through which effluent is sting parameters. Provide the indicated effluent is sting advantaged by the permitting authority for each outfall through which effluent is calculated through analysis conducted using 40 CFR Part 136 mithods. In addition, this data must be based on data calculated through analysis conducted using 40 CFR Part 136 mithods. In addition, this data must be based on data calculated through analysis conducted using 40 CFR Part 136 mithods. In addition, this data must be based on data must be no more than four and one-half years apart. Outfail number: Outfail number: Walke Units Value Units Number of Samples H(Minimum) 7.5 s.u. 8.4 s.u. 12 Yes yell places report a minimum and a maximum daily value PARAMETER MAXIMUM DALLY VALUE AVERAGE DAILY VALUE Now Rate 1.06 might 0.77 migd 12 emperature (Winter) (Max - Apr.) 22.2 Celsius 17.0 Celsius 12 emperature (Winter) (Max - Apr.) 30.0 Celsius 26.9 Celsius 12 **For pri please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY DISCHARGE ANALYTICAL METHOD MAXIMUM DAILY BOLLYTICAL METHOD PARAMETER ANALYTICAL METHOD North 1. The contribution of the co	Design SS removal Design P removal Design N removal Other C. What type of distribection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV distribection If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? A. Does the treatment plant have post aeration? 2. Yes No 12. Effluent 7 esting Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide this indicated effluent testing required by the permitting authority for each suiffall brossh with a following parameters. Provide this indicated information on combined sever overthown in addition, this distant must complete information on combined sever overthown addition. This distant used information on combined sever overthown addition, this distant must complete information on combined sever overthown addition, this distant must complete information on combined sever overthown addition. This distant must be found the provide officer of the US must provide effluent testing data for the following parameters. Provide this information on combined sever overthown addition, this distant must complete the following parameters of the US must provide effluent testing data for the following and collected through analysis conducted using 80 does not rements for standard methods for analysis not addressed by 40 CFR Part 13s. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years spart. Outsal number: Outsal number: (Minimum) 7.5 5.0 MAXIMUM DAILY VALUE AVERAGE DAILY VALUE AVERAGE DAILY VALUE Yell this following and an amount of the value of the provided of the parameters of the parameters of the parameters of the US and Table 11 to the parameters of the US and Tabl	Design 800 _ removal gr Design CBOD, removal Design P removal Design P removal Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection is by chlorination, is dechlorination used for this outfall? If disinfection varies by season, please describe. UV disinfection is by chlorination, is dechlorination used for this outfall? Yes	h Indicate the follow	vina removal i	rates (as a	pplicable):		•				
Design P removal Design P removal Design P removal Design P removal Design N removal Other C. What type of distrifection is used for the effluent from this outfall? If disinfection varies by season, please describe. ### UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? ### Yes No Ves	Design SS removal Design P removal Design P removal Other c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. **UV disinfection** If disinfection is by chlorination, is dechlorination used for this outfall? Yes No d. Does the treatment plant have post aeration? **Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting outhority for each outfall through which effluent is alsocharged. Do not include information on combined sever overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QAGC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analyses not addressed by 40 CFR Part 136. At a minimum, affluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: **Outfall number** **PARAMETER** **MAXIMUM DAILY VALUE** Value** Units** Value** Units** Value** Units** Number of Samples **H (Minimum)* 7.5 s.u. 8.4 s.t.u. 12 **Yes print** **PARAMETER** **MAXIMUM DAILY VALUE** Value** Units** Value** Units** Number of Samples **For print** **For print** **Por print** **DELUTANT** **MAXIMUM DAILY VALUE** **VALUE** **VALUE** **VALUE** **VALUE** **VALUE** **Value** **Jer print** **Je	Design Premoval Design Premoval Design Nemoval Other c. What type of distinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. ### UV disinfection ### disinfection is by chlorination, is dechlorination used for this outfall? ### yes No d. Does the treatment plant have post seration? ### Yes No 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing sequence by the permitting suthority for each outfall thousan shick inffired to a consider Person 1.3 membrans. In addition, this data must complete the provide effluent testing about the sequence of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing sequence by the permitting suthority for each outfall thousan shick inffired to a consider Person 1.3 membrans. In addition, this data must complete the provide effluent testing data fact the provide effluent testing data fact the provide data fact the parameters of the US must provide effluent testing data fact the provided by the permitting suthority for each outfall thousan shick infired to a consider Person 1.3 membrans. In addition, this data must comply with DAGC frequirements for estandard methods for analyses not addressed by 40 CFR Part 136. At a minimum. In addition, this data must comply with DAGC frequirements for standard methods for analyses not addressed by 40 CFR Part 136. At a minimum. In addition, this data must be no more than four and one-half years apart. Outfall number: #### Upsilon 1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	Design P removal Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? A Does the treatment plant have post aeration? 2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting submirity for each outfall through which effluent discharged to make a required by the permitting outfall intromation repeting the state of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing requirement or verticate in the section. All information represents all stabsharias. Do not include information on combines sever evertions in this section. All information represents all sets are collected through analysis conducted using 80 FP Part 156 methods. In addition, this data must comply an extending data must be based on at least three samples and must be more than four and one-half years apart. Outfall number: Outfall number: Outfall number: Waxinum Dailty Value Walle AVERAGE Dailty Value AVERAGE Dailty Value Number of Samples H (Minimum) 9 9.4 8.9. 8.4 8.1 1.06 9.4 8.9. 8.4 8.1 1.06 9.4 8.9. 8.9. 9.4 8.9. 9.4 9.4	A STATE OF THE STA						85	%		
Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? A. Does the treatment plant have post aeration? A. Does the treatment plant have post aeration? Z. Yes No 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent itsetting required by the permitting authority for each outfall through which effluent is all scheringed. Do not include information on combined sever overtiows in this section. All information reported must be based on after objected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes and address dot 40 GFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half, years apart. Outfall number: Outfall number: Walue Units Value Units Value Units Number of Samples 1 (Minimum) 7 - 5 s.u. \$.4 \$.1. \$	Design P removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? Yes No d. Does the treatment plant have post aeration? X Yes No 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the Indicated effluent testing required by the permitting authority for each outfall five in the following parameters. Provide the Indicated effluent testing required by the permitting authority for each outfall five and intensity in the section. All information reported misst be based on a distance of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall five and which effluent is discharged. Do not include information on combinion de sever overflows in this section. All information reported misst be based on all sever overflows in this section. All information reported misst be based on all for the following parameters. Provide the indicated effluent is addition, this data must comply with QAIQC requirements for 40 CFR Part 136 methods. In addition, this data must comply with QAIQC requirements for standard methods for analytics addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Outfall number: Value Units Value Units Number of Samples H(Minimum) 7.5 s.u. 8.4 s.tt. 12 Year Units Value Units Value Units Number of Samples **Continuation** Year Samples **Continuation** **Continuat	Design Premoval Oesign N removal Other c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. BY disinfection If disinfection is by chlorination, is dechlorination used for this outfall? Yes No d. Does the treatment plant have post sersition? 2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the Indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged to not include information on combined sever overflows in this section. All information protected units be based on data of the rough analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with DAQC requirements of all of the protected units be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Outfall number: Walve Units Value Units Number of Samples 1.001 PARAMETER MAXIMUM DAILY VALUE AVERAGE DAILY VALUE Value Units Value Units Number of Samples 1.001 PARAMETER MAXIMUM DAILY VALUE AVERAGE DAILY VALUE Value Units Value Units Number of Samples 1.004 Yalve Units Tables Value Units Number of Samples 1.005 PARAMETER MAXIMUM DAILY VALUE AVERAGE DAILY VALUE Value Units Number of Samples 1.006 PARAMETER MAXIMUM DAILY VALUE AVERAGE DAILY VALUE Noverate Tables report an minimum and a movement cally value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL METHOD NETHOD SAMPLES Samples Novernitional and nonconventional compounds Conc. Units Number of Samples DONCENTIONAL AND NONCONVENTIONAL COMPOUNDS. OCHEMICAL DAYGEN BOD 5.9 mg/L 3.9 mg/L 12 5210B 0.1	Design N removal Citier C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? A Does the treatment plant have post aeration? Yes No d. Does the treatment plant have post aeration? Yes No 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluents is discharged. Do not include information on combined sever overflows in this section. All information provide which be based on data collected through analysis conducted using 40 CFF P art 135 methods. In addition, this data must comply with AgC requirements of 40 CFF P art 155 and other appropriate QCVC requirements for standard methods for analyses not editorised by 40 CFF P art 135. Art minimum, offluent testing data must be based on at least three samples and must be no more than four and one-half years upart. Outfall number: Outfall number: Walve Units Value Units Number of Samples 1 (Minimum) 9, 4 S.U. 8.4 9, 9, 11, 12 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14				· ·			85	%		•
Other	Other	Other	Obesign N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? Yes No d. Does the treatment plant have post seration? Yes No 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is glace of the parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which affluent is not combined sever overflows in this section. All information reprised must be based on data efficient for the following permitted by the permitting authority for each outfall through which affluent is not combined sever overflows in this section. All information reprised must be based on data efficient is not combined sever overflows in this section. All information reprised must be based on at least three samples and must comply with DA/QC requirements of afficient testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Outfall number: Outfall number: Walve Units Value Units Number of Samples H(Minimum) 7.5.5 9.0. 8.4.9.5.10.10.10.10.10.10.10.10.10.10.10.10.10.	* ** *** *** * * * * * * * * * * * * *							%		ş.
c. What type of disinfection is used for the effluent from this outfall? It disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? 4. Does the treatment plant have post aeration? 2. Yes No 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the Indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must compty with QAIGC requirements of 40 CFR Part 318 methods. In addition, this data must compty with QAIGC requirements of 40 CFR Part 348 and other appropriate QAIGC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, affluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Outfall number: AVERAGE DAILY VALUE AVERAGE DAILY VALUE Value Units Number of Samples H (Minimum) 7 - 5 s.u. 8 - 4 s.u. 3 - 4 s.u. 12 s.u. 1	c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. ### UV disinfection ### If disinfection is by chlorination, is dechlorination used for this outfall? ### Yes No ### A Yes No ###	C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? A. Does the treatment plant have post aeration? I. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters, Provide the Indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QAIGC requirements of 46 CFR Part 136 and other appropriate QAIGC requirements for standard methods for analytes not addressed by 46 CFR Part 136. At a minimum, offluent testing data must be based on at least three samples and must be no more than four and one-half, years apart. Outfail number: Outfail number: Outfail number: Value Units Value Units Number of Samples H (Minimum) 7.55 s.u. 8.4 s.u. 122 s.u. 124 s.u. 122 s.u. 124 s.u. 122 s.u. 124	C. What type of disinfection is used for the elituent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? Ves No d. Ooes this treatment plant have post seration? X Yes No 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the Indicated effluent sesting required by the permitting authority for such quitall through which effluent is discharged. Do not include information on combined sever overflows in this section. All Information. All Information. All Information and information on combined sever overflows in this section. All Information propried must be based on data collected through analysis conducted using 40 CFR Part 136 and other spropriate advice sever overflows in this section. All Information and editions are all through analysis conducted using 40 CFR Part 136. After a tribulation, in distinct the samples and other spropriate devices of the USFR Part 136. After animal register of the US	The Control of the Co							 %	•	
C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. ### UV disinfection ### It disinfection is by chlorination, is dechlorination used for this outfall? ### It disinfection is by chlorination, is dechlorination used for this outfall? ### It disinfection is by chlorination, is dechlorination used for this outfall? ### It disinfection is by chlorination, is dechlorination used for this outfall? ### It disinfection is by chlorination, is dechlorination used for this outfall? ### It disinfection is by chlorination, is dechlorination used for this outfall? ### It disinfection is by chlorination, is dechlorination used for this outfall? ### It disinfection is by chlorination, is dechlorination used for this outfall? ### It disinfection is by chlorination, is dechlorination used for this outfall? ### It disinfection is by chlorination, is dechlorination used for this outfall? ### It disinfection is by chlorination, is dechlorination used for this outfall? ### It disinfection is by chlorination, is dechlorination used for this outfall? ### It disinfection is by chlorination, is dechlorination used for this outfall? ### It disinfection is by chlorination used for this outfall? ### It disinfection is by chlorination used for this outfall? ### It disinfection is by chlorination used for this outfall? #### It disinfection is by chlorination. #### It disinfection is dechloring in the following part of the US must provide effluent testing data for the foliowing part of the US must provide effluent testing data for the	C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? A. Does the treatment plant have post aeralion? Yes No A. Does the treatment plant have post aeralion? X. Yes No 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sever overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with AQCC requirements of 40 CFR Part 136 and other appropriate QAVQC requirements for standard methods for analysis not addressed by 40 CFR Part 136. At a minimum, offluent testing data must be based on at least three samples and must be no more than four and one-half, years apart. Outfall number: Outfall number: WAXIMUM DAILY VALUE Value Units Value Units Value Units Number of Samples H.(Minimum) 7.55 s.u. 8.4 S.U. 12 H.(Maximum) 9.4 s.u. 8.4 S.U. 12 H.(Maximum) 1.06 mgd 0.77 mgd 12 emperature (Winter) (Max - Apr) 22.2 Celsius 17.0 Celsius 12 emperature (Summer) (May - Aug) 30.0 Celsius 26.9 Celsius 11. MAXIMUM DAILY AVERAGE DAILY DISCHARGE Number of MAXIMUM DAILY AVERAGE DAILY DISCHARGE Number of	C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? 4. Does the treatment plant have post seration? 2. Effluent Teating Information. All Applicants that discharge to waters of the US must provide effluent teating data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 and other appropriate QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Are minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: O01 PARAMETER: MAXIMUM DAILY VALUE Value Units Value Units Value Units Number of Samples H (Minimum) 7.55 s.u. 8.4 s.u. 8.4 s.u. 9.4 s.u. 8.4 s.u. 12 years apart. 12 The part 136 and street appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Are minimum, effluent testing data must be beased on at least three samples and must be no more than four and one-half years apart. Outfall number: 001 PARAMETER: MAXIMUM DAILY VALUE Value Units Value AVERAGE DAILY VALUE Number of Samples Number of Samples NL/MDL **For pit please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY MAXIMUM DAILY MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL METHOD METHOD MIL / MDL METHOD Number of Samples NUMBER ON Samples NUMBER ON SAMPLES ON SAMPL	C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? 4. Does the treatment plant have post aeration? 2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is still the discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QAIGC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analysis not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfail number: Outfail number: Walke Units Value Units Number of Samples H(Minimum) 7.5 9.0. 8.4 9.4., 12 Walke Units Number of Samples H(Minimum) 9.4 9.4 9.0. 8.4 9.4., 12 Walke Units Number of Samples H(Minimum) 9.4 9.4 9.0 8.4 9.4., 12 Walke Units Number of Samples H(Minimum) 10 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	. T	••		a					•	- 2.
If disinfection is by chlorination, is dechlorination used for this outfall? Yes	If disinfection is by chlorination, is dechlorination used for this outfall? 4. Does the treatment plant have post aeration? 5. Yes No 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Cutfall number: O01 PARAMETER MAXIMUM DAILY VALUE Value Units Value Units Value Units Number of Samples H(Minimum) 9.4 s.u. 8.4 9.11 12 13 14 15 16 17.0 Celsius 12 12 12 12 14 15 16 17 17 18 MAXIMUM DAILY VALUE AVERAGE DAILY VALUE May - Aug 30.0 Celsius 12 *For pH please report a minimum and a maximum daily value MAXIMUM DAILY DISCHARGE AVERAGE DAILY DISCHARGE ANALYTICAL MAXIMUM DAILY DISCHARGE ANALYTICAL MAXIMUM DAILY DISCHARGE AVERAGE DAILY DISCHARGE ANALYTICAL METHOD MAXIMUM DAILY DISCHARGE	UV disinfection If disinfe	UV disinfection If distinfection If distinfe	The second secon	ros desendición del		in and the a	de autolio II diciple	etion imme hij s	cascon nlass	a describe		•
If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? 2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sever overflows in this section. All information reported must be based on data collected through analysis conducted using 40 GFR Part 136 methods. In addition, this data must comply with QAIQC requirements of 40 GFR Part 136 and other appropriate QAIQC requirements for standard methods for analytes not addressed by 40 GFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: O01 PARAMETER MAXIMUM DAILY VALUE Value Units Value Units Value Units Number of Samples H (Minimum) 9,4 s.u. 8,4 S.u. 12 H (Maximum) fow Rate emperature (Winter) (Max - Apr) 22,2 Celsius 17,0 Celsius 12 *For pH plesse report a minimum and a maximum daily value MAXIMUM DAILY DISCHARGE AVERAGE DAILY DISCHARGE ANALYTICAL METHOD MAXIMUM DAILY DISCHARGE AVERAGE DAILY DISCHARGE ANALYTICAL METHOD MAXIMUM DAILY DISCHARGE AVERAGE DAILY DISCHARGE ANALYTICAL METHOD METHOD MAXIMUM DAILY DISCHARGE	If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? X Yes No 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the Indicated effluent testing required by the permitting authority for each outfall through which siffuent is election. All information reported must be based on date occilected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half, years apart. Outfall number: Value Units Value Units Number of Samples H (Minimum) 7.5 s.u. 8.4 \$40.1 \$2.0 \$40.1 \$2.0 \$40.1 \$2.0 \$40.1 \$4	If disinfection is by chlorination, is dechlorination used for this outfall? 4. Does the treatment plant have post seration? 5. Yes	If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post seration? X Yes				emperication u	iis ontigi talinishir	CdOil valles by a	season, picas	a vesome.		
d. Does the treatment plant have post aeration? 2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged to include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QAQC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, affluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: OO1	d. Does the treatment plant have post seration? 2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of a standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, affluent testing data must be based on at least three samples and must be no more than four and one-half, years apart. Outfall number: O01	d. Oos the treatment plant have post seration? X	40. Ooes the treatment plant have post seration? 12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is electrorized. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this attention reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this attention reported must be based on data collected through analysis conducted using 40 CFR Part 136. At a minimum, affluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Outfall number: Naximum Dailty Value			· .						A.1	, , , , , , , , , , , , , , , , , , ,
12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, affluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Q01	12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing sequired by the permitting authority for each outfall through which effluent is discharged. Do not include information or combined sever overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, offluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: O01 PARAMETER MAXIMUM DAILY VALUE Value Units Value Units Number of Samples H (Minimum) 7 . 5 s.u. 8 . 4 s. t.t. 12 s.t. H (Maximum) 9 . 4 s.u. 8 . 4 s.t.t. 12 s.t. Sow Rate 1 . 06 mgd 0 . 77 mgd 12 Temperature (Winter) (May - Apr) 22 . 2 Celsius 17 . 0 Celsius 12 Temperature (Winter) (May - Aug) 30 . 0 Celsius 26 . 9 Celsius 12 *For pH please report a minimum and a maximum daily value MAXIMUM DAILY DISCHARGE Net the following of the permitting authority for each outfall through which setting addressed by 40 CFR Part 136. At a minimum and a maximum daily value MAXIMUM DAILY DISCHARGE Net the permitting authority for each outfall this section. All information is addition, this section. All information is addition, this section. In addition, this data must comply with QACC crequirements of addition, this sec	42. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sever overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QACIO requirements of a CFR Part 136. At a minimum, affluent testing data must be based on at least three samples and must be no more than four and one-half years opant. Outfail number: Description	42. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the Indicated offluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on date collected through analysis conducted using 40 CFR Part 136 motions. In addition, this data must comply with DAIOC requirements of 40 CFR Part 136 and other appropriate DAIOC requirements for standard methods for analysis not addressed by 40 CFR Part 136. At a minimum, affluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: O01 PARAMETER MAXIMUM DAILY VALUE Value Units Value Units Number of Samples H (Minimum) 9 . 4 \$. u. 8 . 4 9 . 1. 26 Mgd 0 . 77 mgd 1 2 Temperature (Winter) (May - Apr) 22 . 2 Celsius 17 . 0 Celsius 12 *For pH please report a minimum and a maximum daily value MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number of Samples NL/MDL MAXIMUM DAILY DISCHARGE Conc. Units Number of Samples NL/MDL MAXIMUM DAILY DISCHARGE Conc. Units Number of Samples NL/MDL MAXIMUM DAILY DISCHARGE Conc. Units Number of Samples NL/MDL MAXIMUM DAILY DISCHARGE Conc. Units Number of Samples NL/MDL METHOD 1 colonies 1 colonies 12 9222D 1 EEMAND (Report one) CEOD-5					or this outfall?			**************************************		
parameters. Provide the indicated efficient testing required by the permitting authority of each outland information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytics not addressed by 40 CFR Part 136. At a minimum, affluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: O01 PARAMETER MAXIMUM DAILY VALUE Value Units Value Units Number of Samples H (Minimum) 7 - 5 s.u. 8 - 4 s.u. 12 H (Maximum) low Rate emperature (Winter) (Max - Apr.) 22 . 2 Celsius 17 . 0 Celsius 12 emperature (Summer) (May - Aug.) 30 . 0 Celsius 26 . 9 Celsius 12 *For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL METHOD MIL / MDL METHOD MIL / MDL	parameters. Provide the Indicated effluent testing required by the permitting autonohy for each outside information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Outfall number: Outfall number: WaxiMUM DAILY VALUE Value Units Value Units Value Units Number of Samples H (Minimum) 9 .4 s.u. 8 .4 s.u. 12 s.u. H (Maximum) In the permitting data must be based on data must be no more than four and one-half years apart. Units Number of Samples H (Maximum) 9 .4 s.u. 8 .4 s.u. 12 s.u. 1 .06 mgd 0 .77 mgd 12 Emperature (Winter) (Max - Apr) 22.2 Celsius 17.0 Celsius 12 Emperature (Summer) (May - Aug) 30.0 Celsius 26.9 Celsius 12 *For pH please report a minimum and a maximum daily value MAXIMUM DAILY DISCHARGE NALYTICAL METHOD MAXIMUM DAILY DISCHARGE AVERAGE DAILY DISCHARGE ANALYTICAL METHOD MAXIMUM DAILY DISCHARGE ANALYTICAL METHOD	parameters. Provide the indicated effluent testing required by the permitting authority for care dutal internation or combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analysis conducted using 40 CFR Part 136. methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analysis not addressed by 40 CFR Part 136. At a minimum, offluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfail number: O01	parameters. Provide the indicated efficient testing required by the permitting authority. Entering the parameters of the indicated efficient testing decembers. Provide the indicated efficient testing decembers of the indicated using 40 CFR Part 356 and other appropriate QA/OCFR Part 356 and other appropriate QA/OCFR Part 356 and other appropriate QA/OCFR part 356. At a minimum, offluent testing data must be based on at least three samples and must be no more than four and one-half years opart. Outfall number: Outfall number: Value Units Value Units Value Units Number of Samples H (Minimum) 7.55 5.0. 8.44 S.11. 122 H (Maximum) 9.44 5.0. S.0. 8.44 S.11. 122 MAXIMUM DAILY VALUE Water Part 356 H (Maximum) 9.4 5.0. Celsius 17.0 Celsius 12 Cemperature (Winter) (Max - Apr.) 22.2 Celsius 17.0 Celsius 12 Cemperature (Summer) (May - Aug.) 30.0 Celsius 26.9 Celsius 12 *For ph please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number of Samples AVERAGE DAILY VALUE AVERAGE DAILY VALUE AVERAGE DAILY VALUE AVERAGE DAILY VALUE **For ph please report a minimum and a maximum daily value **For ph please report a minimum and a maximum daily value **For ph please report a minimum and a maximum daily value **For ph please report a minimum and a maximum daily value **For ph please report a minimum and a maximum daily value **For ph please report a minimum and a maximum daily value **For ph please report a minimum and a maximum daily value **For ph please report a minimum and a part a series of the serie	d. Does the treatme	ent plant have	post aerat	lion?			X Yes	5	No	
H (Minimum) 9.4 s.u. 8.4 s.u. 12 Now Rate 1.06 mgd 0.77 mgd 12 emperature (Winter) (Max - Apr) 22.2 Celsius 17.0 Celsius 12 emperature (Summer) (May - Aug) 30.0 Celsius 26.9 Celsius 12 *For pH please report a minimum and a maximum daily value **POLLUTANT** MAXIMUM DAILY DISCHARGE **ANALYTICAL METHOD** MAXIMUM DAILY DISCHARGE ANALYTICAL METHOD **MAXIMUM DAILY DISCHARGE ANALYTICAL METHOD**	H (Minimum) 7.5 S.U. 8.4 S.U. 12 10 10 10 10 10 10 10 10 10	H (Minimum) 7.5 s.u. 8.4 s.u. 12 H (Maximum) 9.4 s.u. 8.4 s.u. 12 Sow Rate 1.06 mgd 0.77 mgd 12 emperature (Winter) (Mar - Apr) 22.2 Celsius 17.0 Celsius 12 emperature (Summer) (May - Aug) 30.0 Celsius 26.9 Celsius 12 *For pH please report a minimum and a maximum daily value *For pH please report a minimum and a maximum daily value *POLLUTANT: MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number of Samples **ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.** IOCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5	H (Minimum) 7.5 S.U. 8.4 S.U. 12 H (Maximum) 9.4 S.U. 8.4 S.U. 12 12 13 30 30 Rate emperature (Winter) (Max - Apr.) 22.2 Celsius 17.0 Celsius 12 emperature (Summer) (May - Aug.) 30.0 Celsius 26.9 Celsius 12 For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number of Samples CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. HOCHEMICAL OXYGEN BOD-5 BOD-5 BOD-5 1 COLORIES COLO	parameters. Provid discharged. Do no collected through a 40 CFR Part 136 an minimum, offluent Outfall number:	le the Indical t include info malysis con id other appr testing data	ted efficer ormation of ducted us ropriate Q must be b	nt testing required ing 40 CFR P: A/QC required passed on at lea	ured by the perm sewer overflows I art 136 methods. ments for standar ast three samples	n this section. In addition, thi d methods for	for each out All informati is data must analytes not no more than	nan mough whi lon reported mu comply with QA addressed by 4 four and one-hi	or emuents st be based on (QC requirements) CFR Part 136 all years apart.	deta nts of . At a
H (Maximum) H (Maximum) 9.4 s.u. 8.4 9.4 1.06 mgd 0.77 mgd 12 emperature (Winter) (Max - Apr) 22.2 Celsius 17.0 Celsius 12 emperature (Summer) (May - Aug) 30.0 Celsius 26.9 Celsius 12 *For pH please report a minimum and a maximum daily value *POLLUTANT MAXIMUM DAILY DISCHARGE ANALYTICAL METHOD METHOD	H (Maximum) 9.4 s.u. 8.4 9.41 12 low Rate 1.06 mgd 0.77 mgd 12 emperature (Winter) (Mar - Apr) 22.2 Celsius 17.0 Celsius 12 emperature (Summer) (May - Aug) 30.0 Celsius 26.9 Celsius 12 *For pH please report a minimum and a maximum daily value *POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number of	H (Maximum) H (Ma	Hold	parameters. Provid discharged. Do no collected through a 40 CFR Part 136 ar minimum, affluent Outfall number:	le the Indical t include info malysis con id other appr testing data	ted efficer ormation of ducted us ropriate Q must be b	nt testing requirement of the combined ing 40 CFR P. A/QC requirement of at lessed on at lessed	area by the perm sewer overflows I art 136 methods. ments for standar ast three samples	n this section. In addition, this d methods for and must be r	for each out All informati is data must analytes not no more than	ion reported multi- comply with QA addressed by 4 four and one-hi	or enturn is st be based on QC requirement O CFR Part 136 all years apart.	data nts of At a
H (Maximum) low Rate 1.06 mgd 0.77 mgd 12 emperature (Winter) (Max - Apr) 22.2 Celsius 17.0 Celsius 12 emperature (Summer) (May - Aug) 30.0 Celsius 26.9 Celsius 12 *For pH please report a minimum and a maximum daily value *POLLUTANT MAXIMUM DAILY DISCHARGE ANALYTICAL METHOD MAXIMUM DAILY DISCHARGE METHOD **HOLLUTANT MAXIMUM DAILY DISCHARGE METHOD	Maximum S.U. Indexession	tow Rate	tow Rate 1.06 mgd 0.77 mgd 12	parameters. Provid discharged. Do no collected through a 40 CFR Part 136 ar minimum, affluent Outfall number:	le the Indical t include info malysis con id other appr testing data	ted effluer ormation of ducted us ropriate Q must be b	nt testing required on combined on combined on game and the combined on at less and th	area by the perm sewer overflows I art 136 methods. ments for standar ast three samples	nting authority In this section. In addition, this d methods for and must be r Value	for each out All informati is data must analytes not no more than	ion reported multi- comply with QA addressed by 4 four and one-hi	or enturn is st be based on QC requirement O CFR Part 136 all years apart.	data nts of At a
emperature (Winter) (Max - Apr.) 22.2 Celsius 17.0 Celsius 12 emperature (Summer) (May - Aug.) 30.0 Celsius 26.9 Celsius 12 *For pH please report a minimum and a maximum daily value **POLLUTANT** MAXIMUM DAILY DISCHARGE** AVERAGE DAILY DISCHARGE** ANALYTICAL METHOD METHOD	emperature (Winter) (Mar - Apr) 22.2 Celsius 17.0 Celsius 12 emperature (Summer) (May - Aug) 30.0 Celsius 26.9 Celsius 12 *For pH please report a minimum and a maximum daily value *POLLUTANT* MAXIMUM DAILY DISCHARGE MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number of	emperature (Winter) (Mar - Apr) 22.2 Celsius 17.0 Celsius 12 emperature (Summer) (May - Aug) 30.0 Celsius 26.9 Celsius 12 * For pH please report a minimum and a maximum daily value **POLLUTANT** MAXIMUM DAILY DISCHARGE AVERAGE DAILY DISCHARGE ANALYTICAL METHOD Conc. Units Conc. Units Number of Samples Conventional and nonconventional compounds. Ochemical oxygen Bod-5 5.9 mg/L 3.9 mg/L 12 52108 O.1 EMAND (Report one) CBOD-5 C	emperature (Winter) (Max - Apr) 22.2 Celsius 17.0 Celsius 12 emperature (Summer) (May - Aug) 30.0 Celsius 26.9 Celsius 12 *For pH please report a minimum and a maximum daily value *POLLUTANT MAXIMUM DAILY DISCHARGE ANALYTICAL METHOD Conc. Units Conc. Units Number of Samples *ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.** IOCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5 EGAL COLIFORM 1 colonies 1 colonies 12 9222D 1 **OFFICE OF THE STATE OF THE	parameters. Provided in the parameters of the pa	le the Indical t include info malysis con id other appr testing data	ted effluer ormation of ducted us ropriate Q must be b	MAXIMUM D	sewer overflows is sever overflows is art 136 methods, ments for standar ast three samples OAILY VALUE	n this section, in addition, this section, in addition, this direction and must be read when the rea	for each out All informati is data must analytes not no more than	comply with QA addressed by 4 four and one-hi RAGE DAILY VAL Units	the mutants st be based on fQC requirement 0 CFR Part 136 alf years apart. UE Number of Sar	data nts of At a
emperature (Summer) (May - Aug) 30.0 Celsius 26.9 Celsius 12 *For pH please report a minimum and a maximum daily value **POLLUTANT** MAXIMUM DAILY DISCHARGE** ANALYTICAL METHOD METHOD METHOD	emperature (Summer) (May - Aug.) 30.0 Celsius 26.9 Celsius 12 * For pH please report a minimum and a maximum daily value **POLLUTANT** MAXIMUM DAILY DISCHARGE DISCHARGE Conc. Units Conc. Units Number of	emperature (Summer) (May - Aug) 30.0 Ce1sius 26.9 Ce1sius 12 *For pH please report a minimum and a maximum daily value *POLLUTANT* MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Conc. Units Number of Samples **GONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.** IOCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5	emperature (Summer) (May - Aug) 30.0 Ce1sius 26.9 Ce1sius 12 *For pH please report a minimum and a maximum daily value **POLLUTANT** MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number of Samples **ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.** IOCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5 ECAL COLIFORM 1 colonies 1 colonies 12 9222D 1	parameters. Provided in the parameters of the pa	le the Indical t include info malysis con id other appr testing data	ted effluer ormation of ducted us ropriate Q must be b	MAXIMUM C Value 7.5 9.4	sewer overflows is at 136 methods. ments for standar ast three samples DAILY VALUE Units s.u. s.u.	tring authority In this section. In addition, this d methods for and must be r Value 8.4	All informati is data must analytes not no more than	ton reported multiple of the comply with QA addressed by 4 four and one-his tage. Units SAU, SAU,	Number of Sar	data nts of At a
* For pH please report a minimum and a maximum daily value *POLLUTANT MAXIMUM DAILY DISCHARGE ANALYTICAL METHOD METHOD **HOLE METHOD	*For pH please report a minimum and a maximum daily value *POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL METHOD Conc. Units Conc. Units Number of	*For pH please report a minimum and a maximum daily value *POLLUTANT* MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number of Samples ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. IOCHEMICAL OXYGEN BOD-5 BOD-5 CBOD-5 CBOD-5 AVERAGE DAILY DISCHARGE ANALYTICAL METHOD MAXIMUM DAILY DISCHARGE ANALYTICAL METHOD ONLY DISCHARGE ANALYTICAL	*For pH please report a minimum and a maximum daily value *POLLUTANT* MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Conc. Units Number of Samples ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. IOCHEMICAL OXYGEN BOD-5 EGAL COLIFORM 1 colonies 1 colonies 12 9222D 1 OXYGEN BOD-5 CONC. Units AVERAGE DAILY DISCHARGE ANALYTICAL METHOD METHOD MAXIMUM DAILY DISCHARGE ANALYTICAL METHOD METHOD ONLYMIN BOD-5 Samples ONLYMIN BO	parameters. Provided in the parameters of the pa	le the Indical t Include Infi enalysis con ind other appi testing data	ted effluer ormation c ducted us ropriate Q must be b	MAXIMUM C Value 7.5 9.4 1.06	sewer overflows is sewer overflows is art 136 methods. ments for standar ast three samples OAILY VALUE Units s.u. s.u. mgd	value 8.4 0.77	All informatis state must analytes not no more than	comply with QA addressed by 4 four and one-hi RAGE DAILY VAL Units 9,11, mgd	Number of Sar	data nts of At a
POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML/MDL DISCHARGE	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL METHOD Conc. Units Conc. Units Number of	POLLUTANT DISCHARGE AVERAGE DAILY DISCHARGE ANALYTICAL METHOD Conc. Units Conc. Units Number of Samples CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. IOCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report cire) CBOD-5	POLLUTANT DISCHARGE AVERAGE DAILY DISCHARGE ANALYTICAL METHOD Conc. Units Conc. Units Number of Samples CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. IOCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5 ECAL COLIFORM 1 colonies 1 colonies 12 9222D 1	parameters. Provided the parameters of the param	te the Indical t include infi nalysis con id other appri- testing data	ted effluer ormation c ducted us ropriate Q must be b	MAXIMUM C Value 7.5 9.4 1.06 22.2	DAILY VALUE Units s.u. s.u. mgd Celsius	value 8.4 0.77 17.0	AVEF	comply with QA addressed by 4 four and one-hi RAGE DAILY VAL Units 9,11, mgd	Number of Sar	data nts of At a
		ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. IOCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5	Samples Samp	parameters. Provide discharged. Do no collected through: 40 CFR Part 136 arminimum, offluent Outfall number: PARAMETI H (Minimum) H (Maximum) low Rate emperature (Winter) (1)	te the Indicate Indicate Indicated I	ted effluer ormation of ducted us ropriate Q must be b 001	MAXIMUM C Value 7.5 9.4 1.06 22.2 30.0	DAILY VALUE Units s.u. ungd Celsius Celsius	value 8.4 0.77 17.0	AVEF	comply with QA addressed by 4 four and one-hi RAGE DAILY VAL Units SAUA 9. UI	Number of Sar	data nts of At a
		IOCHEMICAL OXYGEN	DECAL COLIFORM BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1	parameters. Provided ischarged. Do not collected through 40 CFR Part 136 arminimum, effluent Outfall number. PARAMETI H (Minimum) H (Maximum) Slow Rate Temperature (Winter) For pH please rep	te the Indicate Indicate Indicated I	red effluer ormation of ducted us ropriste Q must be b 001	MAXIMUM DAILY To summing the street of the street on at lease on	sewer overflows is sewer overflows is art 136 methods. The samples art three samples over the samples over t	value 8.4 0.77 17.0 26.9	AVEF	COMPLY WALLES OF THE PROPERTY	Number of Sar 12 12 12 12	data nts of At a
	and the second s	IOCHEMICAL OXYGEN	OCHEMICAL OXYGEN	parameters. Provided in the parameters of the pa	te the Indicate Indicate Indicated I	ornation of ducted us to ducted us to priste Quantity of the bold of the control	MAXIMUM C Value 7.5 9.4 1.06 22.2 30.0 ximum daily va	DAILY VALUE Units s.u. s.u. mgd Celsius Celsius AVERAG	value 8.4 0.77 17.0 26.9	AVEF AVEF Number of	COMPLY WALLES OF THE PROPERTY	Number of Sar 12 12 12 12	data nts of At a
	ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.	10 1000	ECAL COLIFORM 1 colonies 1 colonies 12 9222D 1	parameters. Provided ischarged. Do not collected through a 40 CFR Part 136 are minimum, affluent Outfall number: PARAMETI H (Minimum) H (Maximum) low Rate emperature (Winter) * For pH please rep POLLUTANT	the indicat indicat include infinallysis con indicate ind	or) lug) n and a ma MAXII Conc.	MAXIMUM D Value 7.5 9.4 1.06 22.2 30.0 ximum dally value Units	DAILY VALUE Units s.u. s.u. mgd Celsius Celsius AVERAG	value 8.4 0.77 17.0 26.9	AVEF AVEF Number of	COMPLY WALLES OF THE PROPERTY	Number of Sar 12 12 12 12	data nts of At a
ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.		1 designates 1 designates 12 02220 4	00 5 10 10 10 10 10 10 10 10 10 10 10 10 10	parameters. Provided scharffed. Do not collected through: 40 CFR Part 136 art minimum, affluent: Outfall number: PARAMETI H (Minimum) H (Maximum) H (Maximum) H (Maximum) The scharf of the schare	the indicat include indicate include indicate in	ornation ducted us to ducted us to ducted us ropriate Q. must be b 001 cms to be b 001 cms to be b 000 cms to	MAXIMUM D Value 7.5 9.4 1.06 22.2 30.0 ximum dally value CHARGE Units	DAILY VALUE Units s.u. ungd Celsius Celsius AVERAG Conc.	value 8.4 0.77 17.0 26.9 E DAILY DISC	All informatis data must analytes not no more than AVEF AVEF Co Co Co Number of Samples	comply with QA addressed by 4 four and one-ha VAGE DAILY VAL Units SAU, SAU, METHOD	Number of Sar 12 12 12 12 14	data nts of At a
ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. OCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5	OCHEMICAL OXYGEN		$\overline{}$	parameters. Provide discharged. Do no collected through: 40 CFR Part 136 arminimum, effluent Outfall number: PARAMETI H (Minimum) H (Maximum) How Rate emperature (Winter) * For pH please rep POLLUTANT ONVENTIONAL AND N	the indicate indicate individual properties on the individual properties o	ornation ducted us to ducted us to ducted us ropriate Q. must be b 001 cms to be b 001 cms to be b 000 cms to	MAXIMUM D Value 7.5 9.4 1.06 22.2 30.0 ximum dally value CHARGE Units	DAILY VALUE Units s.u. ungd Celsius Celsius AVERAG	value 8.4 8.4 0.77 17.0 26.9 E DAILY DISC	All informatis data must analytes not no more than AVEF AVEF Co Co HARGE Number of Samples	In reported multiple of the ported multiple o	Number of Sar 12 12 12 12 14	data nts of At a
ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. IOCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5 1 colonies 1 colonies 12 9222D 1	OCHEMICAL OXYGEN	$\overline{}$	OTAL SUSPENDED SOLIDS (TSS) 26.5 mg/L 9.2 mg/L 12 2540B 0.1	parameters. Provide discharded. Do no collected through a 46 CFR Part 136 arminimum, affluent Outfall number: PARAMETI H (Minimum) H (Maximum) tow Rate emperature (Winter) * For pH please rep * POLLUTANT ONVENTIONAL AND NI IOCHEMICAL OXYGEN EMAND (Report one)	the indicate indicate individual properties on the indicate indica	ornation ducted us to ducted us to ducted us ropriate Q. must be b 001 cms to be b 001 cms to be b 000 cms to	MAXIMUM D Value 7.5 9.4 1.06 22.2 30.0 ximum dally value Units OMPOUNDS. mg/I	Sewer overflows and 136 methods. In the samples overflows overflow	value Value 8.4 0.77 17.0 26.9 E DAILY DISC Units mg/L colonie	All informatis data must analytes not be more than AVEF AVEF Co Co Co HARGE Number of Samples	In reported multiple of reported multiple of the comply with QA addressed by 4 four and one-hierarchic of the complex of the c	Number of Sar 12 12 12 12 11	data nts of At a
DISCHARGE	POLEUTANT DISCHARGE METHOD Conc. Units Conc. Units Number of	DISCHARGE Conc. Units Conc. Units Number of Samples ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. IOCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5	DISCHARGE Conc. Units Conc. Units Number of Samples CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. CONVENTIONAL	parameters. Provided in the collected through	le the Indical t include info malysis con id other appr testing data	ted effluer ormation of ducted us ropriate Q must be b	nt testing required on combined on combined on game and the combined on at less and th	area by the perm sewer overflows I art 136 methods. ments for standar ast three samples	nting authority In this section. In addition, this d methods for and must be r Value	for each out All informati is data must analytes not no more than	ion reported multi- comply with QA addressed by 4 four and one-hi	or enturn is st be based on QC requirement O CFR Part 136 all years apart.	d nt
		OCHEMICAL DXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5	OCHEMICAL OXYGEN	parameters. Provided in the parameters of the pa	te the Indicate Indicate Indicated I	ornation of ducted us to ducted us to priste Quantity of the bold of the control	MAXIMUM C Value 7.5 9.4 1.06 22.2 30.0 ximum daily va	DAILY VALUE Units s.u. s.u. mgd Celsius Celsius AVERAG	value 8.4 0.77 17.0 26.9	AVEF AVEF Number of	COMPLY WALLES OF THE PROPERTY	Number of Sar 12 12 12 12	data nts of At a
**************************************		OCHEMICAL DXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5	OCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5	parameters. Provided scharified. Do no collected through: 40 CFR Part 136 arminimum, affluent Outfall number: PARAMETI (Minimum) (Maximum) ow Rate emperature (Winter) *For pH please rep	te the Indicate Indicate Indicated I	ornation of ducted us to ducted us to priste Quantity of the bold of the control	MAXIMUM C Value 7.5 9.4 1.06 22.2 30.0 ximum daily va	DAILY VALUE Units s.u. s.u. mgd Celsius Celsius AVERAG	value 8.4 0.77 17.0 26.9	AVEF AVEF Number of	COMPLY WALLES OF THE PROPERTY	Number of Sar 12 12 12 12	data nts.of At a
	The state of the s	OCHEMICAL DXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5	OCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5	parameters. Provided ischarged. Do no collected through: 40 CFR Part 136 ar minimum, affluent Outfall number: PARAMETI H (Minimum) H (Maximum) How Rate emperature (Winter) * For pH please rep	te the Indicate Indicate Indicated I	ornation of ducted us to ducted us to priste Quantity of the bold of the control	MAXIMUM C Value 7.5 9.4 1.06 22.2 30.0 ximum daily va	DAILY VALUE Units s.u. s.u. mgd Celsius Celsius AVERAG	value 8.4 0.77 17.0 26.9	AVEF AVEF Number of	COMPLY WALLES OF THE PROPERTY	Number of Sar 12 12 12 12	data nts.of At a
	The state of the s	OCHEMICAL DXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5	OCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1 EMAND (Report one) CBOD-5	parameters. Provided scharified. Do no collected through: 40 CFR Part 136 arminimum, affluent Outfall number: PARAMETI (Minimum) (Maximum) ow Rate emperature (Winter) *For pH please rep	te the Indicate Indicate Indicated I	ornation of ducted us to ducted us to priste Quantity of the bold of the control	MAXIMUM C Value 7.5 9.4 1.06 22.2 30.0 ximum daily va	DAILY VALUE Units s.u. s.u. mgd Celsius Celsius AVERAG	value 8.4 0.77 17.0 26.9	AVEF AVEF Number of	COMPLY WALLES OF THE PROPERTY	Number of Sar 12 12 12 12	data nts.of At a
		EMAND (Report one) CBOD-5	EMAND (Report one) CBOD-5 ECAL COLIFORM 1 colonies 1 colonies 12 9222D 1	parameters. Provided scharified. Do no collected through: 40 CFR Part 136 arminimum, effluent: Outfall number: PARAMETI I (Minimum) I (Maximum) I (Maximum) I (Maximum) I (Maximum) I (Maximum) I (Maximum) I (Minimum) I (Maximum) I (Maximum) I (Maximum) I (Maximum) I (Minimum) I (Maximum) I (Minimum)	the indicat indicat include infinallysis con indicate ind	or) lug) n and a ma MAXII Conc.	MAXIMUM D Value 7.5 9.4 1.06 22.2 30.0 ximum dally value Units	DAILY VALUE Units s.u. s.u. mgd Celsius Celsius AVERAG	value 8.4 0.77 17.0 26.9	AVEF AVEF Number of	COMPLY WALLES OF THE PROPERTY	Number of Sar 12 12 12 12	data nts.of At a
	AMENTIONAL AND MINICONVENTIONAL CUMPUUNUS.	EMAND (Report one) CBOD 5	EMAND (Report one) CBOD-5 ECAL COLIFORM 1 colonies 1 colonies 12 9222D 1	parameters. Provided in the parameters of the pa	the indicat indicat include infinallysis con indicate ind	or) lug) n and a ma MAXII Conc.	MAXIMUM D Value 7.5 9.4 1.06 22.2 30.0 ximum dally value Units	DAILY VALUE Units s.u. s.u. mgd Celsius Celsius AVERAG	value 8.4 0.77 17.0 26.9	AVEF AVEF Number of	COMPLY WALLES OF THE PROPERTY	Number of Sar 12 12 12 12	data nts.of At a
ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.		100000	ECAL COLIFORM 1 colonies 1 colonies 12 9222D 1	parameters. Provided ischarged. Do not collected through: 40 CFR Part 136 arminimum, affluent: Outfall number: PARAMETI H (Minimum) H (Maximum) low Rate emperature (Winter) * For pH please rep POLLUTANT	the indicat indicat include infinallysis con indicate ind	or) lug) n and a ma MAXII Conc.	MAXIMUM D Value 7.5 9.4 1.06 22.2 30.0 ximum dally value Units	DAILY VALUE Units s.u. s.u. mgd Celsius Celsius AVERAG	value 8.4 0.77 17.0 26.9	AVEF AVEF Number of	COMPLY WALLES OF THE PROPERTY	Number of Sar 12 12 12 12 14	data nts of At a Tuples
ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.		100000	ECAL COLIFORM 1 colonies 1 colonies 12 9222D 1	parameters. Provided ischarded. Do not collected through a 40 CFR Part 136 art minimum, affluent Cutfall number: PARAMETI H (Minimum) H (Maximum) low Rate emperature (Winter) For pH please rep POLLUTANT CONVENTIONAL AND N	the indicat include indicate include indicate in	ornation ducted us to ducted us to ducted us ropriate Q. must be b 001 cms to be b 001 cms to be b 000 cms to	MAXIMUM D Value 7.5 9.4 1.06 22.2 30.0 ximum dally value CHARGE Units	DAILY VALUE Units s.u. ungd Celsius Celsius AVERAG	value 8.4 0.77 17.0 26.9 E DAILY DISC	All informatis data must analytes not no more than AVEF AVEF Co Co Co Number of Samples	comply with QA addressed by 4 four and one-ha VAGE DAILY VAL Units SAU, SAU, METHOD	Number of Sar 12 12 12 12 14	data nts of At a
ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ECAL COLIFORM 1 colonies 1 colonies 12 9222D 1	parameters. Provided ischarded. Do not collected through a 40 CFR Part 136 art minimum, affluent Cutfall number: PARAMETI H (Minimum) H (Maximum) low Rate emperature (Winter) For pH please rep POLLUTANT CONVENTIONAL AND N	the indicat include indicate include indicate in	ornation ducted us to ducted us to ducted us ropriate Q. must be b 001 cms to be b 001 cms to be b 000 cms to	MAXIMUM D Value 7.5 9.4 1.06 22.2 30.0 ximum dally value CHARGE Units	DAILY VALUE Units s.u. ungd Celsius Celsius AVERAG	value 8.4 0.77 17.0 26.9 E DAILY DISC	All informatis data must analytes not no more than AVEF AVEF Co Co Co Number of Samples	comply with QA addressed by 4 four and one-ha VAGE DAILY VAL Units SAU, SAU, METHOD	Number of Sar 12 12 12 12 14	data nts of At a
ONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. IOCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1	OCHEMICAL OXYGEN BOD-5 5.9 mg/L 3.9 mg/L 12 5210B 0.1	FCAI COLFORM 1 1 COLUMNES 12 (32220 1 1	0.5	parameters. Provide discharged. Do no collected through 40 CFR Part 136 arminimum, affluent Outfall number: PARAMETI H (Minimum) H (Maximum) Iow Rate emperature (Winter) * For pH please rep POLLUTANT ONVENTIONAL AND N	the indicate indicate individual properties on the indicate indica	ornation ducted us to ducted us to ducted us ropriate Q. must be b 001 cms to be b 001 cms to be b 000 cms to	MAXIMUM D Value 7.5 9.4 1.06 22.2 30.0 ximum dally value CHARGE Units	DAILY VALUE Units s.u. ungd Celsius Celsius AVERAG	value 8.4 0.77 17.0 26.9 E DAILY DISC	All informatis data must analytes not no more than AVEF AVEF Co Co Co Number of Samples	comply with QA addressed by 4 four and one-ha VAGE DAILY VAL Units SAU, SAU, METHOD	Number of Sar 12 12 12 12 14	data nts of At a Tuples



East Meridian POTW

#MS0055735



Form Approved 1/14/99 OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PARI	
	2407E 19 3.7 mgD (100;000 gailons per day).
All app	plicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).
	Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration. 0.25 mgd approximately 50% of flow during heavy rain events
fai	Briefly explain any steps underway or planned to minimize inflow and infiltration. None. The East Meridian POTW is a irly new plant and pipe lines should be in good condition, we assume most of the
181	I is located on the Navy Base. These are the same flow trends from 5 years ago.
	Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information: (You may submit more than one map if one map does not show the entire):
	a. The area surrounding the treatment plant, including all unit processes.
	b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
Ç	c. Each well where wastewater from the treatment plant is injected underground.
¢	d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
E	e. Any areas where the sewage sludge produced by the treatment works is slored, treated, or disposed.
f	f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.
-y ^t 4 d€	rocess Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup ower sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and echlorination). The water balance must show daily everage flow rates at influent and discharge points and approximate daily flow rates between eatment units. Include a brief narrative description of the diagram.
3,4, O	peration/Maintenance Performed by Contractor(s).
	re any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a ontractor? Yes X No.
lf i	yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages) necessary).
N;	ame:
M	ailing Address:
Te	Slephone Number:
Re	esponsibilities of Contractor:
tre	cheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or incompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the satment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for ich. (If none, go to question B.6.)
a.	List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.
b,	Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

East Meridian POTW

#MS0055735



Form Approved 1/14/99 OMB Number 2040-0086

Fast Meridia	an LOIM	WEIGOOD	· · · · · · · · · · · · · · · · · · ·				المستخد المستحد المحاوران
c If the answer to B.5.	b is "Yes," briefly d	escribe, includir	mumixem wen ga	daily inflow rate	(if applicable).		
						Secretary of the secret	
d. Provide dates impos For improvements p Indicate dates as ac	lanned independer	ntly of local, Stat	any actual dates of the control of t	of completion fo ncies, indicate p	r the implementa lanned or actual	tion steps listed below completion dates, as a	, as applicable. pplicable.
		Schedule	Act	ual Completion	:		
Implementation Sta	ge	MM/DD/	MM YYY	/DD/YYYY			
- Begin constructio	n 0	<u>8 /01 / 09</u>	/	J			
- End construction	. 14	09/01/0	19	1_1_		•	
- Begin discharge				1_1			
- Attain operational	level			<i>J_J</i>			
e. Have appropriate p	manutii/aliseireerania e	oncoming albo	r Federal/State rec	uirements bee	n obtained?	Yes X No	
e. Have appropriate p	The const	ruction (cover for	holding	basin) is	for improve	nents of
effluent qu			are needed			5 (499 * 15 5) 4 (485	- X
B.6. EFFLUENT TESTING D	ATA (GREATER	THAN O.1 MGI	ONLY).			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
required by the permits this section. All informs data must comply with addressed by 40 CFR and one-half years old. Outfall Number:	QA/QC requirement Part 136. At a min	/ AN CED D	art 136 and other esting data must b	appropriate QA e based on at l	occ requirement east three polluta		SILN CHICIPICS IN
POLLUTANT	MAXIMU		AVERAC	E DAILY DISC	HARGE		
	Conc.	Units	Conc.	Units	Number of Samples	ANALYTICAL METHOD	ML/MOL
CONVENTIONAL AND NON	CONVENTIONAL	COMPOUNDS.					e de la companya de l
AMMONIA (as N)	0.07	mg/L	0.01	mg/L	15	4500NH3D	0.1
CHLORINE (TOTAL							
RESIDUAL, TRC)	0	mg/L	, O	mg/L	4	4500CIG	0.02
DISSOLVED OXYGEN	10.0	mg/L	8.2	mg/L	12	4500-0G	0.01
TOTAL KJELDAHL	6.58	mg/L	3.6	mg/L	3	4500NH3D	0.5
NITROGEN (TKN) NITRATE PLUS NITRITE	12.10	mg/L	10.73	mg/L	3	300.0	0.1
NITROGEN OIL and GREASE			0	mg/L	3	1664A	5.0
PHOSPHORUS (Total)	1.68	mg/L mg/L	1.54	mg/L	3	4500PB5	0.025
TOTAL DISSOLVED	1.00	46/11		11.67.44	1 -		1
SOLIDS (TDS)	324	mg/L	298	mg/L	3	2540C	,10
OTHER					ş: 1.		

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

East Meridian POTW



Form Approved 1/14/56 OMB Number 2040-0086

BASIC APPLICATION INFORMATION All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted. Indicate which parts of Form 2A you have completed and are submitting: X Basic Application Information packet Supplemental Application Information packet: Part D (Expanded Effluent Testing Data) Part E (Toxicity Testing: Biomonitoring Data) Part F (Industrial User Discharges and RCRA/CERCLA Wastes) Part G (Combined Sewer Systems) ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information; the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing

Name and official title

John, Robert Smith, Mayor

Signature

Telephone numbe

601-485-1926

Date signed

March 2, 2009

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:





FACILITY NAME AND PERMIT NUMBER: East Meridian POTW

#MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide affluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

outfall number:		AXIMUI DISCH	V DAILY		. 67 27	one one at the said	1, 14, 14, 14,	DISCHA			
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/MOL
ETALS (TOTAL RECOVERABLE), C	YANIDE, P	HENOLS	, AND H	ARDNES	Ş.						
NTIMONY	2.19	ppb			0.18	ppb			12	200.8	1.00
RSENIC	169	ppb			16.6	ppb		tas:	12	200.8	1.00
ERYLLIUM	O	qqq			0	ppb			12	200.8	1.00
:ADMIUM	.279	ppb			.097	ppb			12	200.8	0.100
HROMIUM	ō	ppb			0	ppb			12	200.8	1.00
OPPER	3.38	ppb			1.07	ppb			12	200.8	1.00
EAD	0	ppb	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0	ppb			12	200.8	1.00
MERCURY	6.5	ng/L			2.7	ng/L			12	200.8	0.5
NICKEL	2.58	ppb			1.69	ppb			12	200.8	1.00
SELENIUM	1.85	ppb	a made a se		0.24	ppb			12	200.8	1.00
SILVER	0	ppt			0	pph			12	200.8	0.100
THACLIUM	0	ppl			0	ppl			12	200.8	1.00
ZINC	25.6	ppl	,		20.0	ppl			12	200.8	5.00
CYANIDE	0	ppl			0	ppl	,		12	4500CNE	5.00
TOTAL PHENOLIC COMPOUNDS	0	ppi)		0	ppl			3	420.1	5.00
HARDNESS (AS CaCO3)	253	,000	ppl	-	188	,000	PP	ь	12	200.8	100
Use this space (or a separate sheet)				,	requested	by the p	ermit writ	er.			

East Meridian POTW

#MS0055735



Outfall number: 001	(Com	olela once	for each	l oulfall c	lischargi	ng eifluer	it to wate	rs of the	united Stat	es.)	
POLLUTANT		MAXIMI DISC	JM DAIL HARGE	Y		AVERAG	E DAILY	DISCH	ARGE		
VOLATILE ORGANIC COMPOUNDS	Conc	Units	Mass	Units	Conc	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/MDL
ACROLEIN	<u> </u>	T	r in	T	· T	1					
ACROESIN	O	ppb			0	ppb			. 3	624	20.0
ACRYLONITRILE	Q	ppb			0	ppb			3.	624	20.0
BENZENE	f 0	ррь			0	ppb			3	624	1.00
BROMOFORM	0	ppb			0	ppb			3	624	
CARBON TETRACHLORIDE	0	ppb			0	ppb			3	624	1,00
CLOROBENZENE	o	ppb		··	0	ppb			3		1.00
CHLORODIBROMO-METHANE	0	ppb	i e		0	ppb			3	624	1.00
CHLOROETHANE	0	ppb			0	ppb			3	624 624	1.00
2.CHLORO-ETHYLVINYL	0	ppb			0	ppb			3	624	1.00 5.00
HLOROFORM	4.1	брръ			2.65				3		
DICHLOROBROMO-METHANE	o	ppb			0	ppb			3	624	1.00
1:1-DICHLOROETHANE	o	ppb			0	ppb			3	624	1.00
,2-DICHLOROETHANE	0	ppb				ppb		, ,	3	624 624	1.00
RANS-1,2-DICHLORO-ETHYLENE	0	ppb				ppb			3	624	1.00 1.00
1-DICHLORGETHYLENE	0	ppb		·		ppb					
Z-DICHLOROPROPANE	o	ppb		+					3	624	1.00
3-DICHLORG-PROPYLENE	0	ppb				ppb ppb			3	624	1.00
THYLBENZENE	o	ppb				ppb			3	624	1.00
ETHYLBROMIDE	0				0	-			3	624	1.00
ETHYLCHCORDE"	0	ppb			0						
ANCARACTOR AS	D				0	opb			3	624	10.00
1.2,2-TETRACHLORO-ETHANE	0:	ppb			0			-	<u> </u>		*
TRACHLORO ETHYLENE	0		-	+		ppb			3	624,	1.00
DLUENE		ppb			0	ppb			3	624	1.00
	0	ppb			0	ppb			3	624	5.00



0

FACILITY NAME AND PERMIT NUMBER: East Meridian POTW

#MS0055735

uffall number: 001					act ron gring	ERAGE I	3411 V	DISCH	United State	Yellouters - Policy	77.7
POLLUTANT			M DAILY IARGE		A		خات ساست		建铁型工程设施		
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
1.1-TRICHLOROETHANE	O	ppb			0	ppb			3	624	100
1,2-TRICHLOROETHANE	0	ppb			0	ppb			3.	624	1.00
RICHLORETHYLENE	0	ppb			0	ppb			3	624	1.00
INYL CHLORIDE	0	ppb			O	ppb			3	624	1.00
se this space (or a separate sheet)	to provide ir	lormetic	n on other	volatile t	organic co	mpounds Y	equeste	d by the	permit writer.		
bromomethane chloromethane cid-extractable compound	o s	ppb pph			0	ppb ppb		<u> </u>] 3 3	624 624	1.00
CHLORO-M-CRESOL	0	ppb		-	0	ppb			3	625	5.00
-CHLOROPHENOL	o	ppb			0	ppb			3	625	5.00
2:4-DICHLOROPHENOL	o	ppb			0	ppb			3	625	5.00
2.4 DIMETHYLPHENOL	0	ppb			0	ppb			3	625	5.00
4.6-DINITRO-O-CRESOL	0	ppb			0	ppb			3	625	10.00
2.4-DINITROPHENOL	o	ppb			0	ppb			3	625	5.00
2-NITROPHENOL	0	ppb			0	ppb			3	625	5.00
4-NITROPHENOL	o	ppb			0	ppb			3	625	20.00
PENTACHLOROPHENOL	О	ppb			0	ppb			12	625	5.00
PHENOL.	0	ppb			0	ppp		t in in	12	625	5.00
2,4,6-TRICHLOROPHENOL	0	ppb			0	ppb			3	625	5.00
Use this space (or a separate shee	ii) to pravide	nforma	tion on oth	ner acid e	xtractable	compound	e reque	sted by t	ne permit write	(. 	
A CONTRACTOR OF THE PARTY OF TH		1									
BASE-NEUTRAL COMPOUNDS.	<u> </u>	:L:									
ACENAPHTHENE	0	PP	ь		0	ppb			3	625	2.00
ACENAPHTHYLENE	O	PF	b		0	ppb			3	625	2.00
ANTHRACENE	0	PI	ь		0	ppb			3	625	2.00
BENZIDINE	0	PI	b		0	ppb			3	625	20.00
BENZO(A)ANTHRACENE	0	PI	h		0	pph			3	625	2.00

BENZO(A)PYRENE 0 ppb 0 ppb 625 2.00

FACILITY NAME AND PERMIT NUMBER:

East Meridian POTW

#MS0055735

Outfall number: 001					schargir	ng effluer	it to wate	rs of the	United Stat	9 9)	
POLLUTANT		MAXIMU DISCH	IM DAIL IARGE	4	A	VERAG	EDAILY	DISCH	ARGE		
	Conc	Units		Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	MUMDL
3,4 BENZO-FLUORANTHENE	0	ppb	.,		0	ppb			3	625	2.00
BENZO(GHI)PERYLENE	0	ppb			0	ppb			3	625	2.00
BENZO(K)FLUORANTHENE	0	ppb		.,	0	ppb			3	625	2.00
BIS (2-CHLOROETHOXY) METHANE	0.	ppb			0	ppb			3	625	5.00
BIS (2-CHLOROETHYL)-ETHER	Ō	ppb			0	ppb			3	625	5.00
BIS (2-CHLOROISO-PROPYL) ETHER	O	ppb			0	ppb			3	625	5.00
BIS (2-ETHYLHEXYL) PHTHALATE	0	ppb	i		0.	ppb			· 3:	625	10.00
4-BROMOPHENYL PHENYL ETHER	0	ppb			0	ppb		v V	3	625	5.00
BUTYL BENZYL PHTHALATE	0:	ppb			0	ppb	- 3.000		3	625	5.00
2-CHLORONAPHTHALENE	0	ppb			0	ppb			3	625	5.00
4-CHLORPHENYL PHENYL ETHER	0	ppb			0	ppb			3	625	5.00
CHRYSENE	0	ppb			0	ppb		e ge	3	625	2.00
DI-N-BUTYL PHTHALATE	9	ppb			0	ppb			3	625	5.00
DI-N-OCTYL PHTHALATE	0	ppb			0	ррь			3	625	5.00
DIBENZO(A,H) ANTHRACENE	01	ppb			0	ppb			3	625	2.00
I,2-DICHLOROBENZENE	0	ppb			O	ppb			3	625	5.00
.3-DICHLOROBENZENE	0	ppb			0	ppb			3	625	5.00
1,4-DICHLOROBENZENE	0	ppb			0	ppb		****	3	625	5.00
1,3-DICHLOROBENZIDINE	0	ppb		and a second	0	ppb			3	625	10.00
DIETHYL PHTHALATE	0	ppb			0.	ppb			3	625	500
METHYL PHTHALATE	ø	ppb			0	ppb			3	625	5.00
,4-DINITROTOLUENE	0	ррь			0	ppb			3°	625	5.00
:6-DINITROTOLUENE	o	ppb			0	ppb			3	625	5:00

			<u>. </u>			
,2-DIPHENYLHYDRAZINE	0 ррв	0 ppb		3	625	5.00

East Meridian POTW

#MS0055735

4

Form Approved 1/14/99 OMB Number 2040-0086

POLLUTANT			IM DAIL) IARGE	(A	VERAGE	DAILY	DISCH	ARGE	ALCOHOLD TO	Sale West
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/MDL
FLUORANTHENE	0	ppb		نر, ن	0	ppb			3	.625	2.00
FLUORENE	0	ppb		. ,	0	ppb		, and a	3	625	2.00
HEXACHLOROBENZENE	O	ppb		,	0	ppb		-	3	625	5.00
HEXACHLOROBUTADIENE	0	ppb			0	ppb	4 () () () () () () () () () (3	625	5.00
HEXACHLOROCYCLO- PENTADIENE	0	ppb			0	ppb			3	625	5.00
NEXACHLOROETHANE	0	ppb	ž.		0	ppb			3	625	5,00
INDENO(1,2,3-CD)PYRENE	0	ppb			0	ppb		## * #8	3	625	2.00
ISOPHORONE	0	ppb			0	ppb.	3 (2) 3		3	625	5.00
NAPHTHALENE	0	ppb			0	ppb			3	625	2,00
NITROBENZENE	0	ppb			0	ppb			3	625	5.00
N-NITROSODEN-PROPYLAMINE	0	ppb			0	ppb			3	625	5.00
N-NITROSODI-METHYLAMINE	0	ppb			0	ppb			3	625	5.00
N-NITROSODI-PHENYLAMINE	0	ppb		· mar stara	0	ppb		A	3	625	10.00
PHENANTHRENE	0	ppb			0	ppb			3	625	2.00
PYTENE	0	ppb			0	ppb		, , , j	3	625	2.00
1,2,4-TRICHLOROBENZENE	0	ppb			0	ppb			3	625	5.00
Use this space (or a separate sheet) t	o provide in	formation	on other	base-neu	tral comp	ounds red	wested b	y the peri	mit writer.		
Use this space (or a separate sheet) t				a afti ma a		1002					

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

and taken to

East Meridian POTW

#MS0055735



15 of 21 lst qrt results

Form Approved 1/14/99 OMB Number 2040-0088

SUPPLEMENTAL APPLICATION INFORMATION

POTWs meeting one or more of the following criteria must provide the results of whote efficient toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow intercurater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that required to have one under to CER Part 30.3), or 3) POTWs respired by the permitting authority to submit data for these parameters.

show no appreciable toxicity, an information on combined sever using 40 CFR Part 136 methods QAVQC requirements for standard in addition, submit the results of conducted during the past four reduction evaluation, it of if you have already submitted an requested in question E.4 for profit fest summaries are available. If no biomoritoring data is required, do not complete. E.1. Required Tests. Indicate the number of whole efficient in acute	st provide quarterly tesning loss 42-millions performed all easts amounty in the test amounty in the testing featurals are to a. All information of a retifiers in this section. All information and methods in this circles and methods in this retifiers that are the analytes and methods in the alluent transity, provided the full years requested in Padrosiv, and the information requested in Padrosiv, submitted advincation. If EP hat contain all of the information requested in the provided that the full contain all of the information to the Application to the full contain all of the information to the Application to the factorial for the fill the full contains all of the all contains all of the information to the Application to the factorial for each whole efficient following chart for each whole efficient following chart for each whole efficient	conth period within the past 1 year using the form and one half years prior to the all ray, depending on the range of receiving the form reported must be based on data colle with QA/QC requirements of 40 CFR Part 136. It then the past four and one half years, provide any information on the cause of the America's were not used, report the real ested below, they may be submitted in past of overview for directions on which of the four and one half years.	parameters, multiple species (minimum of two pplication, provided the results poplication, provided the results water dilution. Do not include ected through analysis conducted in 136 and other appropriate. If a whole efficient toxicity test le toxicity or any results of a provide the information sons for using attemate methods, lace of Part E. There is no sections of the form to
column per test (where each species	constitutes a read, conty ma hade in	nore than three tests are being reported	IN One-half years. Allow one
	Test number 1a	Test number: 15	Test number:
a. Test information.			
Test species & lest method number	Ceriodaphnia dubia	Pimephales promelas	1000.0
Age at initiation of test	53 hours	53 hours	
Outfall number	001	001	
Dates sample collected	4/14, 4/16, 4/18	4/14, 4/16, 4/18/08	
Date lest started	4/16/08	4/16/08	
Duration	5 days, 22 hours	7 days	
b. Give toxicity test methods follows			
Manual litte	EPA Acute / Chrons	Lc Manual EPA 821-R-02-012	
Edition number and year of publication	Fifth Edition, Oct		
Page number(s)	n/a		
c. Give the sample collection method	od(s) used. For multiple grab sample	s, indicate the number of grab samples u	58 ó.
24-Hour composite 6hr comp			
Gab			
d. Indicate where the sample was t	aken in relation to disinfection: (Check	k all that apply for each)	
Before disinfection			
After claentection	×	x	
Ester dechloringtion			



Form Approved 1/14/99 OMB Number 2040-0088

Fast Meridian

#MS0055735

A STATE OF S	Test number; 1a	Test number: 1b	Test number
e. Describe the point in the treatme	ent process at which the sample was coll	the state of the s	
simple was collected:	In effluent discharg	e channel, after UV discharge to creek	the state of the s
f. For each test, include whether the	ne lest was intended to assess chronic to		
hronic toxicity	×	*	
cute toxicity			t disk. Senggan da ona aktorik esperie sameraka
g. Provide the type of test perform	ed,		
Static			
Static-renewal	*	es,	
Rowatinough			
h. Source of dilution water. If lab	oratory water, specify type; if receiving w	aler, specify source.	
Laboratory water	Laboratory Control	water	
Receiving water		200	
I: Type of dilution water. It salt w	rater, specify "natural" or type of artificial	sea salts or brine used.	
Fresh Wolldf	Diluted mineral wa	ter w/20% Perrier in N	порите
Sativator			
j. Give the percentage effluent of	sed for all concentrations in the test serie		
Sport and a second seco	0, 6.25, 12.50, 25, 50, 100	025.6.25; 12050,	
ļ.			
• · · · · · · · · · · · · · · · · · · ·			
k. Parameters measured during	the test. (State whether parameter meet	ts test method specifications) yes	
à.	7.4 - 9.3	7.3 - 9. 3	
e Spalinity		was to see	
Temperature :	23 − 25°C	23 - 25°C	and the second s
Ammonia			а.
Dissolved coygen	7.9 - 9.7 mg/L	4.9 - 9.7 mg/L	
L Test Results.			
Asito:			
Percent survival in 100%		%	8
1.0 ₅₀			
<u> </u>		%	%
Control percent survival		%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER)	Form Approved 1/14/99				
East Meridian POTW	#MS0055735			OMB Number 2040-0086				
Chronics			1					
NOEC		%	%					
IC ₂₅	> 100%	% > 100%	%					
Control percent survival		%	%					
Other (describe)		,	70 (9				
m. Quality Control/Quality Assurance	6.							
ls reference toxicant data available?	yes	1100						
Was reference toxicant test within acceptable bounds?	yes	yes						
What date was reference toxicant test run (MM/DD/YYYY)?	date of test (rec	d) date of te	No.					
Other (describe)		4/ 4400 02 22	sc (rec'a)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Yes X No II yes.	describe:							
Summary of Submitted Biomonitors of loxicity, within the past four and one results.	ing Test Information. If you has half years, provide the dates the	ve submitted biomonitoring to	est information, or i	nformation regarding the cause				
resuns.		and and a state of the state of	n and becomming an	nonly and a summary of the				
Date submitted:	(MM/DD/YYY)			· · · · · · · · · · · · · · · · · · ·				
Summary of results: (see instructions	.Y			6 (**) 				
Comment of features fare his not not				in the second of				
		3						
REFERTO THE APPLICAT	END OF ION OVERVIEW TO	DETERMINE WH	ICH OTHER	PARTS OF FORM				
	2A YOU MUST	COMPLETE		······································				

Replaces EPA forms 7550-6 & 7550-22.

East Meridian POTW

#MS0055735

pg 15 of 21

2nd qtr results Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole efficient toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, or

using 40 CFR Part 136 method QA/QC requirements for stand In addition, submit the results of conducted during the past four loxicity reduction evaluation, if If you have already submitted a requested in question E 4 for p	any of the information requested in Part E reviously submitted information; If EPA that contain all of the information require	n reported must be based on data collect AQQC requirements of 40 CFR Pair by 40 CFR Pair 136. com the past four and one-half years: I wide any information on the cause of the course	cted through analysis conducted 1.136 and other appropriate f a whole effluent toxicity test e toxicity or any results of a provide the information sons for using alternate methods.
E.1. Required Tests.			
lodicate the number of whole el	fluent loxicity lesis conducted in the pas	t love and and half trains	
x chronic acute		roa and one has years.	
E.2. Individual Test Data: Complete the	a following chart <u>for each whole effluent t</u> constitutes a lest). Copy this page if m	oxicity test conducted in the last four ar	id one-half years. Allow one
coluitat per test (witere each species	Test number 2a	ore man three tests are being reported. Test number: 2b	Test number:
a. Test information.			, oat ridings
Test species & test method number	Ceriodaphnia dubia	Pimephales promelas	1000.0
Age at initiation of test	29 hours	28 hours	
Outfall number	001	001	
Dates sample collected	6/2, 6/4, 6/6/08	6/2, 6/4, 6/6/08	
Date test started	6/3/08	6/3/08	
Curation	6 days, 23 hours	7 days	
b. Give toxicity test methods follow			9. 1
Marual title	· EPA Acute / Chronic	Manual EPA 821-R-02-012	
Edition number and year of publication	Fifth Edition, Octo		
Page number(s)	n/a		
c. Give the sample collection met	hod(s) used. For multiple grab samples,	indicate the number of grab samples u	sed.
24-Hour composite 6hr comp			
Cat			
d. Indicate where the sample was	taken in relation to disinfection. (Check	all that apply for each)	
Beigne distrifection	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
// Capitation	×	**	
7. Transition (Particular Particular Particu		and the second s	Property of the Second
486 - 1372 6 P 1 2 P 1 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P			



East Meridian

#MS0055735



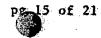
	Test number: 2a	Test number 2b	Test number:
e. Describe the point in the freatme	nt process at which the sample was col	llected.	
Sample was collected:	In effluent discharged in the	ge channel, after UV e discharge to creek	
f. For each test, include whether the	e test was intended to assess chronic to	The second secon	
Chronic toxicity		×	
Acute toxicity	8		
g. Provide the type of test performe	d.		
Sialic			
Static-renewal	×	*	
Flow-through			
h. Source of dilution water. If labor	ratory water, specify type; if receiving w	ater, specify source.	
Laboratory water	Laboratory control	water	
Receiving water			
i. Type of dilution water. It salt wa	ter, specify "natural" or type of artificial s	sea salts or brine used.	
Fieshwaler	Dilute mineral water	r made w/ 20% Perri	er in Nanopure
San water			
j. Give the percentage elfluent use	ed for all concentrations in the lest serie	5	
** *** *** *** *** *** *** *** *** ***	0, 6.25, 12.50, 25, 50, 100	025.6.25. 12.50,	
e f		cht week	
k. Parameters measured during the	ne lest. (Stale whether parameter meets	s test method specifications) yes	
	7.9 - 8.9	7.8 - 8.9	
		7	
Tomporause	23 - 25°C	23 - 25°,c	
Amnole			
Dissolved oxygen	7.2 - 9.4 mg/L	6.8 - 9.4 mg/L	
. Test Results			
Acuta:	and the second section of the second section second section second section second section second section secti		
Percent survival in 100% efficient	%		
LG ₅₀			
<u>95%</u> C.I.	%		*
Control percent survival	%	,	*
Other (describe)			

FACILITY NAME AND PERMIT NUMBER	9		· ·	Form Approved 1/14/99
East Meridian POTW	#MS0055735			OMB Number 2040-0088
Chronic			····	
NOEC	Ü	16	%	*
IC25	> 100%	% > 100Z	%	*
Control percent survival	9	%	4,	
Other (describe)		- 4	-	
m. Quality Control/Quality Assurance			<u>-</u>	
is reference toxicant data available?	yes	yes		
Was reference loxicant test within acceptable bounds?	yes	yes		
What date was reference toxicant lest run (MM/DD/YYYY)?	date of test	date of test	:. P	
Other (describe)				
Yes X No If yes, E.4. Summary of Submitted Blomonitor of loxicity, within the past four and on	describe:	e submitted blomonitoring test	information,	or information regarding the cause
results: Date submitted: Summery of results: (see instruction	(MM/DD/YYYY)	riomation was submitted to t	e permitting	authority and a summary of the
		- ,		
RESERVO THE APPLICA	END OF			

2A YOU MUST COMPLETE.

East Meridian POTW

#MS0055735



3rdqtr results Form Approved 1/14/98 CMB Number 2010-0068

SUPPLEMENTAL APPLICATION INFORMATION

1	Ĭ,	ř

		'n.	24		44.		200	~.	2.	60. 3		-				_	-		-2	•	-	 المنتوا	Luis		-			-	٠.	-65-			•
r	7.5			з.	-22	•	1	100	4.4		•		'n	м 1	и	ALC:	ч	7.8	æ	97				42	•	IG	.,,	i n				- 1	
١.	-	e	,	64	æ	. 1	63	100		100		400			ı.			: 20			- 1	-	V 1				ж.	1	17	ж.	2	ж	υ,

show no appreciable loxicity, and information on combined sewer using 40 CFR Part 136 methods QA/QC requirements for standa in addition, submit the results of conducted during the past four a toxicity reduction evaluation, if o	3); or 3) POTWs required by the permit 3); or 3) POTWs required by the permit Lests performert at least annually in the diffesting for acute and/or chronic toxicit overflows in this section. All informatio in addition, this data must comply wi rd methods for analytes not addressed any other whole effluent toxicity tests f and one-half years revented toxicity, pro ne was conformation requested in Part I evicusty submitted information. If EPA hal contain all of the information requested	nting authority to submit data for these this period within the past 1 year using a lour and one-half years prior to the a by, depending on the range of receiving a reported must be based on data collection to the past to the past four and one-half years, wide any information on the cause of the post four and one-half years, wide any information on the cause of the past four and one-half years. E. you need not submit it again. Rether methods were not used, report the reals tell below, they may be submitted to.	parameters multiple species (minimum of two pplication, provided the results water distion. Do not include ected through analysis conducted rt 136 and other appropriate If a whole effluent toxicity test as toxicity or any results of a
		•	
	luent toxicity tests conducted in the pas	I four and one-half years.	
Complete Com		entranta de la seguira de La seguira de la seguira d	
E.2. Individual Test Data. Complete the column per test (where each species	constitutes a lest). Copy this page if m	oxicity test conducted in the last four a ore than three tests are being reported	nd one-half years, Allow one
	Test number 3a	Test number: 3b	Test numbers
a. Test information			
Test species & test method number	Ceriodaphnia dubia	Pimephales promelas	1000.0
Age at initiation of test	28 hours	28 hours	
Cutfall number	001	001	
Dates sample collected	9/22, 9/24, 9/26/08	9/22, 9/24, 9/26/08	
Date test started	9/23/08	9/23/08	
Duration	6 days	7 days	
b. Give toxicity lest methods follow			
Martial Ilio	EPA Acute / Chroni	c Manual EPA 821-R-02-012	
Edition number and year of publication	Fifth Edition, Oct		
Page (number(s))	n/a		
g. Give the sample collection meth	od(s) used. For multiple grab samples	indicate the number of grab samples	1584
24-Hour composite 6hr comp			
GA			
d. Indicate where the sample was	taken in relation to disinfection. (Check	all that apply (or each)	
Estigate distribution	<u> </u>		
	×	*	
(After George Annalist)			

EPA Form 3510-2A (Rev. 1-99). Replaces EPA forms 7550-6 & 7550-22.

	Test number: 3a	Test number 3b	Test number
e. Describe the point in the freatm	ent process at which the sample was colle	sted.	
Sample was collected:	In effluent discharge	channel, after UV	
f. For each test, include whether t	the test was intended to assess chronic lox	THE STATE OF THE PROPERTY OF THE SECURITIES AND ADDRESS OF THE PROPERTY OF THE	
Chronic loxicity	×		
Acuta todally			
g. Provide the type of test perform	ned.	and the second s	
Sietic			
Surforenewal	*		
Projethrough .			
h, Source of dilution water. If lal	poratory water, specify type; if receiving wa	ter specify source.	
Loboratory water	Laboratory control	vater	
Receiving water		· 展展 (A Comment of the Comm
Contract the contract of the c	water, specify "natural" or type of artificial se	ea salts or brine used.	
Fresh water		made with 20% Perri	er in Nanopure
Salt water			
(Give the percentage effluent	used for all concentrations in the lest series		And the second s
A second	0, 6.25, 12.50, 25, 50, 100	0, 6.25, 12,50,	
k. Parameters measured durin	g the test. (State whether parameter meets	test method specifications) yes	
ph :	8.1 - 9.1	7.8 - 9.1	
Temperature	23 - 24°C	23°C	
Amenorile		8	
Dissolved coyper	7.6 - 9.7 mg/L	7.2 - 9.1 mg/L	
I. Test Reaults.			and the second s
Acces			
Percent survival in 100%	%		%
LC ₅₀	and the second s		
≥= 95% C.I.		4	%
Control percent survival	9	6	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER East Meridian POTW	#MS0055735			Form Approved 1/14/99 OMB Number 2040-0088
Chronic				
NOEC	9	6	%	A Company of the Comp
IC ₂₅	> 100%	> 100%	%	
Control percent survival	9,	6	%	
Other (describe)		r		9
m. Quality Control/Quality Assurance	9.			
Is reference toxicant data available?	yes	yes		
Was reference loxicant test within acceptable bounds?	yes	yes	· · · · · ·	
What date was reference toxicant test run (MM/DD/YYY)?	date of test	date of test		
Other (describe)				
YesXNo If yes,	describe:			
E.4. Summary of Submitted Blomonitor of toxicity, within the past four and on results.	ing Test Information. Il you have shall years, provide the dates the in	r submitted biomonitoring test in nformation was submitted to the	nformation, permitting	or information regarding the cause authority and a summary of the
Date submitted:	(MM/DD/YYY)	·		The state of the s
Summary of results: (see instructions	*)			
REFER TO THE APPLICAT	END OF F	PART E. DETERMINE WHICH	1 OTHE	R PARTS OF FORM

2A YOU MUST COMPLETE.

East Meridian POTW

#MS0055735



4th qtr results Form Approved 1/14/99 OMS Number, 2040-0066

ART E. TOXICITY TESTING DA	TA:		
species), or the results from four to show no appreciable toxicity, and information on combined sewer or using 40 CFR Part 136 methods. QA/QC requirements for standarr. In addition, submit the results of a conducted during the past four an toxicity reduction evaluation, if on it you have already submitted any requested in question E.4 for present if test summaries are available the	lesign flow rate greater than or equal i; or 3) POTWs required by the permitt include quarterly lesting for a 12-mon ests performed at least annually in the lesting for acute and/or chronic toxicity verflows in this section. All information in addition, this date must comply with it methods for analytes not addressed any other whole effluent toxicity tests for id one-half years revealed toxicity, pro- e was conducted. If of the information requested in Part E viously, submitted information. If EPA at contain all of the information reques	to 1.0 mgd; 2) POTWs with a pretreating authority to submit data for these path period within the past 1 year using ne four and one-half years prior to the apy, depending on the range of receiving necoried must be based on data collett GA/QC requirements of 40 CFR Party 40 CFR Part 138, from the past four and one-half years. It vide any information on the cause of the you need not submit it again. Rather methods were not used, report the reasted below, they may be submitted in plant.	ment program (or those that or arameters, nutlible species (minimum of the plication, provided the results water dilution. Do not include cted through analysis conduct to 136 and other appropriate I a whole effluent toxicity test to loxicity or any results of a provide the information sons for using alternate metho- ace of Part E.
no blomonitoring data is required, do not co implete.	Surbient contact trend at me Admicant	on Overview for directions on which our	er sections of the form (o
1. Required Tests.			
		•	
	ent loxicity tests conducted in the pas	t four and one-half years.	
Indicate the number of whole efflu			
Indicate the number of whole efflu	ollowing chart for each whole effluent t	loxicity test conducted in the last four a	nd one half years. Allow one
Indicate the number of whole efflu	ollowing chart for each whole effluent t	loxicity test conducted in the last four a	nd one half years. Allow one
Indicate the number of whole efflux chronicacute	ollowing chart for each whole efficient to costilutes a test). Copy this page if m	loxicity test conducted in the last four ar ore than three tests are being reported.	
Indicate the number of whole efflux chronic acute 2. Individual Test Data: Complete the foculumn per test (where each species of a Test information.	ollowing chart for each whole efficient to costilutes a test). Copy this page if m	loxicity test conducted in the last four ar ore than three tests are being reported. Test number: 4b	
Indicate the number of whole efflusion chronic acute 2. Individual Test Data. Complete the forcellumn per test (where each species can be a continued on the c	ollowing chart for each whole effluent to onstitutes a test). Copy this page it m Test number: 4 a	loxicity test conducted in the last four arcore than three tests are being reported. Tost number: 4b Pimephales promelas.	Test numbers
Indicate the number of whole efflux chronic acute 2. Individual Test Data. Complete the force column per test (where each species of a Test information. Fest species & lest method number Age at initiation of test	collowing chart for each whole effluent is constitutes a test). Cony this page if more than the constitutes a test number. 4a Ceriodaphnia dubia	loxicity test conducted in the last four ar ore than three tests are being reported. Test number: 4b	Test numbers
Indicate the number of whole efflux chronicacute 2. Individual Test Data. Complete the force column per test (where each species a test method number counter test) Curfall number	collowing chart for each whole effluent to continues a test). Copy this page it more than the continues at t	loxicity test conducted in the last four at one than three tests are being reported. Tost number: 4b Pimephales promelas 28 hours	Test numbers
Indicate the number of whole efflux chronic acute 2. Individual Test Data. Complete the force column per test (where each species column per test)	collowing chart for each whole effluent is constitutes a test). Copy this page it more than the constitutes a test number. 4a Ceriodaphnia dubia 28 hours 001	loxicity test conducted in the last four at one than three tests are being reported. Tost number: 4b Pimephales promelas 28 hours 001	Test numbers

b. Give toxicity test methods followed.

Manual IIIs	EPA Acute / Ch	ronic Manual EPA 821-R-	-02-012		
Edition number and year of publication	Fifth Edition,	October 2002			
Page number(s)	n/a				
c. Give the sample collection metho	d(s) used. For multiple grab :	amples, indicate the numb	er of grab samples t	used:	
24-Hour composite 6hr comp					And the second s
Crab					A STATE OF THE STA

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Bettre distribution			
A section	X	*	
The decilornation			



East Meridian	#MS0055735		The second secon
	Test number: 42	Test number: 4b	Test number.
e. Describe the point in the tre	eatment process at which the sample wa	s collected.	
ample was collected:		arge channel, after UV ore discharge to creek	
	her the test was intended to assess chro		
monte toxicity	x .	×	
cyle folicity			
g. Provide the type of test pe	eformed.		The state of the s
	70. (C. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14. The state of t	
Sollo-renewal	×	×	
low-through			
	If laboratory water, specify type: if receiv	ring water, specify source.	
i o aray wale	laboratory cont	그렇게 그런 그는 그 그 그 그 그 그 없다.	
Receiving Water		r size	
	salt water, specify "natural" or type of an	lificial sea salls or brine used.	
Fresh water		water made with 20% Pe	rrier in Nanopure
Salt water			
The state of the s	went used for all concentrations in the le	st series.	
	0, 6.25, 12.50 25, 50, 100	$0, 0_{25}, 6.25, 12.50, \\ 0.50, 0.00$	
k. Paramelers measured	during the test. (State whether parameter	er meets test method specifications)	yes
	8.0 - 8.6	7.8 - 8.4	
Temperatus	23°C	23°C	e made for the
Aggrotik			
Dissolved expen	7.8 - 10.1 mg/	L 6.7 - 10.1 mg/L	
I. Test Results.			
Acade: Percent survival in	100%	%	%
officent	MERCE	9 2 2	
LC ₅₀		91	%
6 2 95% C.I.		%	*
Control percent au	rvival	%	****
General Contraction			

ACILITY NAME AND PERMIT NUMBER			Form Approved 1/14/99 OMB Number 2040-0088
East Meridian POTW	#MS0055735		
ironic			
NOEC	%	4.	%
IC ₂₈	>100% %	>1002	%
Control percent survival	%		*
Other (describe)			
m. Quality Control/Quality Assurance	. Suastra de la Santa de la Carta de la C		
reference toxicant data available?	yes	yes	
vas reference toxicant test within coeptable bounds?	yes	yes	
What date was reference toxicant test run MM/DD/YYYY)?	date of test	date of test	
Other (describe)	a i fram fram		
E.3. Toxicity Reduction Evaluation, is in the second secon	describe:		
results. Date submitted:	e-half years; provide the detes the in	submitted biomonitoring test inform nformation was submitted to the pen	ation, or information regarding the cause mitting authority and a summary of the
Summary of results: (see instruction	ns)		
	And the second s		
REFERMOTHE APPLICA	END OF I	DETERMINE WHICH (OTHER PARTS OF FORM

East Meridian POTW

#MS0055735



Form Approved 1/14/99 OMB Number 2040-0088

SUPPLEMENTAL APPLICATION INFORMATION

W	WE WHISTON USER NO.				
		CHARGES AND RCRAICE	The Artist of the Control (486)	TO THE COMMENT OF THE SECOND S	
All tr	satment works receiving discharges from Note Part F.	n significant industrial users or	which receive RCRA	CERCLA, or other reme	dial wastes must:
GEN	VERAL INFORMATION:		And the state of t		
F.1.	Pretreatment Program. Does the treatme	nt works have, or is it subject to, an	anoroved prefrealmen	l moream?	
- ;.	YesNo.				
المعارضي	en e	·	di una di diagnosi di una di di		
F.2.	Number of Significant Industrial Users industrial users that discharge to the treatment.	(SIUs) and Categorical Industria ent works,	Users (CIUs), Provid	le the number of each of th	e following types of
alifer :					
	a. Number of non-categorical SIUs.	All deput the All manufactures are a supply of the All and the All	*		
	b. Number of CIUs.		likaningai magazatata kan na nina ser William		
SIG	NIFICANT INDUSTRIAL USER II	NFORMATION:			
Supp	ly the following information for each SIU ide the information requested for each S	l. If more than one SIU discharg	es to the treatment w	orks, copy questions F.	through F.S and
	Significant Industrial User Information.		each SIU discharging k	the treatment works. Sub	mit additional organ
	as necessary.			a en sea el el menor el religio en de la mada	
	Name				
	Mailing Address:	and the state of t			
F4 .	industrial Processes. Describe all of the	industrial orocesses that affect or	rontribute to the SILTe.	diccharra	
CZE: wew					
			-		
F.5.	Principal Product(s) and Raw Material(s discharge:	s). Describe all of the principal pro	casses and raw materi	als that affect or contribute	lo the StU's
	Principal product(s):				
			3		
	Raw material(s):				
F.6.	Flow Rate				
	a. Process wastewater flow rate. Indicate	. Here the continues of the contract win on the contract	r 1800-190a artikuma 1800 aasteriju 1805	violente di principio di la companio di principio di la companio di la companio di la companio di la companio di	
น้ำ ราย	(gpd) and whether the discharge is cor	itimious or intermittent.	ss wastewater discriarg	jed into the collection syste	m in gallons per day
	gpd (conti	nuous ofintermittent)			n de la companya de La companya de la co
	b. Non-process wastewater flow rate. Inc	licale the average daily volume of a	inn rynnace wactowald		and the second s
Y	gallons per day (gpd) and whether the	discharge is continuous or intermit	lent:	num viociai gevinito ille c	unection system in
el la Militar	gpd (conti	nuous orintermittent)		, m, , , , , , , , , , , , , , , , , ,	
			*	1 1 1 W	
F.7.	(2) The control of	The Board States approved the particular to the re-).		
gir.	a. Local limits	Yes No			
	b. Categorical pretreatment standards	YesNo	matos, 🔊	10	
	"If subject to categorical pretreatment stand	aros, which category and subcateg	ory?		
	·			<u> </u>	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1

		JMBER:





			<u></u>		
8.	Problems at the Treatment Works Atti upsets, interference) at the treatment wo	lbuted to Waste Discharged by thicks in the past three years?	e SIU. Has the SIU caused	or contributed to any prot	olems (e.g.,
	Yes No If yes, des	cribe each episoda.		Herman	1 mg
			enties and the entered of the entered to the Administration of the entered to the entered to the entered to the	Aligna Karra and a language of the second	
R	A HAZARDOUS WASTE RECEIV	ED BY TRUCK, RAIL, OR DEL	ICATED PIPELINE:	about Production 18 to Section (1996)	7.44 mg 19.48 g 2 1.50 std.
	RCRA Waste, Does the treatment work			us waste by truck; rail, or	dedicated plps
	Yes No (go to F.12.)	:		¥	•
0.	Waste Transport. Method by which RC	CRA waste is received (check all that	apply):		
	TruckRail	Dedicated Pipe			•
1,	Waste Description: Give EPA hazardo	ous waste number and amount (volur	ne or mass, specify units).		
	EPA Hazardous Waste Number	Amount	Units		
		The second secon	Anna Carlotte Control of the Control		
	tri de dade e de	4	The state of the s		
	And the second s	Agramatikan kanan ang at Manananapan		Take Barries	
	CLA (SUPERFUND) WASTEWAT ION WASTEWATER, AND OTHER				
3.	Waste Origin. Describe the site and ty	Information (F.13 - F.15.) for each copy of facility at which the CERCLA/R		originates (or is expected	d to originate i
3.2				originales (or is expected	d to originate i
	Waste Origin. Describe the site and ty			originates (or is expected	d to originate i
	Waste Origin. Describe the site and ty			originates (or is expected	d to originate i
	Waste Origin. Describe the site and ty			originates (or is expected	d to originate i
	Waste Origin. Describe the site and typithe flext five years). Pollutants: List the hazardous constitution.	pe of facility at which the CERCLA/R	CRA/or other remedial waste		e e e e e e e e e e e e e e e e e e e
	Waxte Origin. Describe the site and type the clext five years).	pe of facility at which the CERCLA/R	CRA/or other remedial waste		e e e e e e e e e e e e e e e e e e e
No.	Waste Origin. Describe the site and typithe flext five years). Pollutants: List the hazardous constitution.	pe of facility at which the CERCLA/R	CRA/or other remedial waste		e e e e e e e e e e e e e e e e e e e
	Waste Origin. Describe the site and tyrthe next five years). Pollutants: List the hazardous constitut (Attach additional sheets if necessary).	pe of facility at which the CERCLA/R	CRA/or other remedial waste		e e e e e e e e e e e e e e e e e e e
	Waste Origin. Describe the site and type the next five years). Pollutants: List the hazardous constitut (Attach additional sheets if necessary). Waste Treatment.	pe of facility at which the CERCLA/R	CRA/or other remedial waste of to be received): Include da		e e e e e e e e e e e e e e e e e e e
	Waste Origin. Describe the site and type the next five years). Pollutants: List the hazardous constitute (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated).	pe of facility at which the CERCLA/R	CRA/or other remedial waste of to be received): Include da		
	Waste Origin. Describe the site and type the next five years). Pollutants: List the hazardous constitue (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated).	pe of facility at which the CERCLA/Report of facility at the CERCLA/Repo	CRA/or other remedial waste		
	Waste Origin. Describe the site and type the next five years). Pollutants: List the hazardous constitue (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated).	pe of facility at which the CERCLA/R	CRA/or other remedial waste		
4	Waste Origin. Describe the site and type the next five years). Pollutants: List the hazardous constitue (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treated).	pe of facility at which the CERCLA/Report of facility at the CERCLA/Repo	CRA/or other remedial waste		
	Waste Origin. Describe the site and type the next five years). Pollutants: List the hazardous constitution (Attach additional sheets if necessary). Waste Treatment: a. Is this waste treated (or will it be treatment yesNoNoNoNoNoNoNoNoNoNoNoNo	pe of facility at which the CERCLA/Reserved for are expected at the treatment of the information about the removal efficiency.	CRA/or other remedial waste		
	Waste Origin. Describe the site and type the riext five years). Pollutants: List the hazardous constitute (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treatment (provided by the discharge (or will the discharge).	pe of facility at which the CERCLA/Related for the expected for are expected attention about the removal efficiency be) continuous or intermittent?	cRA/or other remedial waste	ita on volume and concei	
	Waste Origin. Describe the site and type the next five years). Pollutants: List the hazardous constitution (Attach additional sheets if necessary). Waste Treatment: a. Is this waste treated (or will it be treatment yesNoNoNoNoNoNoNoNoNoNoNoNo	pe of facility at which the CERCLA/Related for the expected for are expected attention about the removal efficiency be) continuous or intermittent?	CRA/or other remedial waste	ita on volume and concei	
	Waste Origin. Describe the site and type the riext five years). Pollutants: List the hazardous constitute (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treatment (provided by the discharge (or will the discharge).	pe of facility at which the CERCLA/Reserved for are expected atted) prior to entering the treatment via information about the removal efficiency intermittent?	cRA/or other remedial waste kd to be received): Include da porks? describe discharge schedule	ta on volume and concer	itration, if know
	Waste Origin. Describe the site and type the riext five years). Pollutants: List the hazardous constitute (Attach additional sheets if necessary). Waste Treatment. a. Is this waste treated (or will it be treatment (provided by the discharge (or will the discharge).	pe of facility at which the CERCLA/Reserved for are expected at that are received for are expected at the information about the removal efficiency intermittent? If intermittent, END OF PA	cRA/or other remedial waste d to be received): Include da orks? describe discharge schedule	ita on volume and concer	itration, if know





East Meridian POTW #MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION PART G. COMBINED SEWER SYSTEMS If the treatment works has a combined sewer system, complete Part G. G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information) a. All CSO discharge points. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds; sensitive aquatic ecosystems, and outstanding natural resource waters). Waters that support threatened and endangered species potentially affected by CSOs. G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information: Locations of major sewer trunk lines, both combined and separate sanitary. Locations of points where separate sanitary sewers feed into the combined sewer system. Locations of in-line and off-line storage structures. Locations of flow-regulating devices. e. Locations of pump stations. CSO OUTFALLS: Complete questions G.3 through G.6 once for each CSO discharge point. G.3. Description of Outfall. a. Outfall number Location (Zip Code) (City or town, if applicable) (State) (County) (Longitude) (Lalltude) ft. c. Distance from shore (if applicable) d. Depth below surface (if applicable) e. Which of the following were monitored during the last year for this CSO? **CSO** frequency CSO pollutant concentrations Rainfall Receiving water quality CSO flow volume f. How many storm events were monitored during the last year? G.4, CSO Events. Give the number of CSO events in the last year. events (___ actual or ___ approx.) b. Give the average duration per CSO event.

hours (

actual or

approx.

	4:	· ·		PERMIT NUM	3.00
CACHITY	MA		AME	OCOMET MUS	ioeo. Gi
PACILIET	NM	ME	WILL	REVUMI MON	OEK. W



Form Approved 1/14/99 OMB Number 2040-0086 East Meridian POTW #MS0055735 c. Give the average volume per CSO event. million gallons (actual or approx.) Give the minimum rainfall that caused a CSO event in the last year. __inches of rainfall G.5. Description of Receiving Waters. a. Name of receiving water: Name of watershed/river/stream system: United States Soil Conservation Service 14-digit watershed code (If known); c. Name of State Management/River Basin: United States Geological Survey 8-digit hydrologic cataloging unit code (if known): G.6. CSO Operations. Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard). END OF PART G.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

#B.3. Process flow description - East Meridian POTW

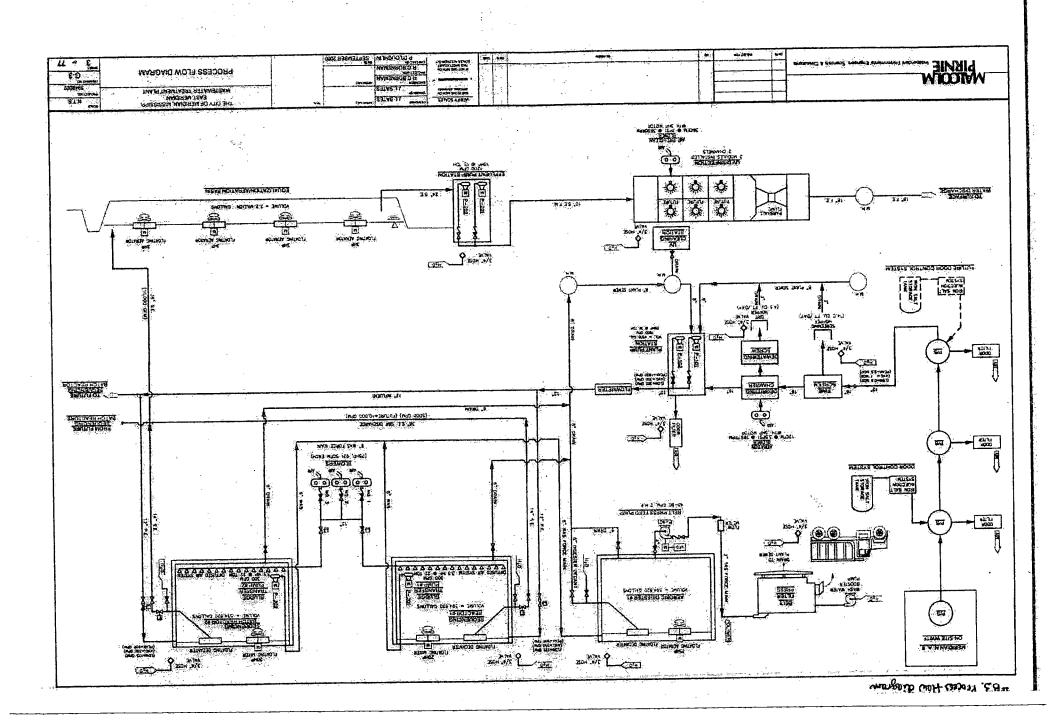
The East Meridian POTW treats waste from the Naval Air Station. There are 3 pump stations (P/S) between the Navy Base and the treatment plant. The last lift station has a chemical fed odor control.

The flow enters the head works of the East Meridian POTW and goes through the fine screen and degritting chamber, which removes paper, trash, grit, etc. The wastewater goes to the influent pump station, and the trash goes to the land fill.

The wastewater is pumped to two sequencing batch reactors in alternating cycles, where the entire treatment process occurs. After decant cycle, the water (supernate) from each reactor is pumped to an aerated equalization basin, and the sludge from the reactor goes to the digester.

Because the flow rate is very low, the effluent is collected in the basin and discharged every two or three days. When discharging, the water is pumped to the effluent pump station; it goes through 3 modules of UV disinfection and then discharged to Sowashee Creek.

The sludge from the reactors goes to an aerobic digester for further bacteria stabilization. The sludge is pumped to the belt filter press approximately once a month and then taken to the land farm.



BASIC REVIEW CHECKLIST

NPDES N	umber	· · · · · · · · ·		_	State Co	ontact (Name a	& Phone #)
Facility Na	ame	· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·
		Section 1 laste Royle fininary Se				Yes	No	Comments: (Unless specifically requested pilierwise EPA will be reviewing permits listed on the Princip Planti lists, majors, minor primaries, CAROS Prives Plants. Pulp and Paper, and permits requested by Enforcement/Others (or review)
NPDES	Is this perm facility?	nit a'major f nit a minor p	orimary	industria	1			
Permit Review	<u> </u>	nit listed on w or expand			nit List?		,	Use flowchart "WHAT TYPE OF REVIEW WILL BE GIVEN TO A FACILITY" to determine level of review.
	Has a map	been prepar n impairme	ed to sh					<u>If yes</u> , include map.
	Section 2 Basic Review		TN.	DL7	, per	A	1	Comments &
(List all po might be d that ar	w of Impair littents of co- ischarged by a going to im- if not applical	neërii (hak ihe (ücility yaired	Yes .	No		tion?	Y impl Wh Poll	ementation of the TMDE via limit of other condition. The TMDE has not been developed/approved for that utant note whether adequate permit condition exists as monitoring limits, or other conditions have been applied based on EPA's 1999 policy and other. supplemental State policies
And the "Stations		54, 20, 2° 30, 3° 1				Theorem		
	\$\frac{1}{2}				·			
	Review nee		Yes	No	Comm <u>If yes</u> , con Checklis	omplete	Detaile	ed Review Checklist and attach to the Basic Review
Comple	FION te Basie	Include	file	copy in	, .		÷ -	Comments
Review (a and note a Be sure	d Detailed us needed) ction taken to <u>update</u> system.	Sent em (date)		ent lette (date)	r			
Waived No Comme Comments	4 - 4 - 4							

Sign & Date

Interim Objection

Objection

Please attach this form on front of your new file.

Margret, this is a NEW file that needs a bar code assigned and entered into the system.

Please create a file with the following information:
File I. D. #_ MS 00 6175/
File Description M5 Power &, Kemper IGCC Series # 265 B (Example: 0232A) V No other volumes for this number.
Series # (Example: 0232A)
No other volumes for this number.
There are other volumes for this number.
File Creation Date: M_10DJ _Y_13
Recipientext

NOTES NO AGREED ORDER (SEA)

PREEDOM OF INFORMATION OFFICE

Jud Cool Pelo Mint and Mindend Mindend

PERMIT RATIONALE FOR REISSUANCE

Mississippi Power Company, Kemper IGCC Facility

Kemper County

DeKalb, Mississippi

Water NPDES No. MS0061751

September 24, 2013

FACILITY INFORMATION

Facility Name: Mississippi Power Company, Kemper IGCC Facility

Facility Address:

5835 Highway 493

DeKalb, MS 39573

Permit No.: MS0061751

SIC: 4911

Permit Writer: Permit Manager

EPD Branch: Energy and Transportation Branch

NATURE OF BUSINESS

Mississippi Power will generate electric power utilizing the Integrated Gasification Combined Cycle (IGCC) technology with a low ranking coal (lignite) as fuel.

III. EFFLUENT AND RECEIVING STREAM FLOW DATA

> Outfall 001 (External) - The cooling water makeup reservoir is designed to contain a 100-yr, 24-hr rainfall event and safely pass up to 100% of the Probable Maximum Precipitation (PMP) (or 44").

Outfall 101 (Internal) - Sanitary waste water package plant. Normal operation will include the Outfall 101 effluent being recycled and reused in the process. Outfall 101 effluent will be redirected to the cooling water makeup reservoir when the generating units are not operating.

Outfall 003 (External) - The Ash Management Unit (AMU) #1 storm water runoff sedimentation pond is designed to contain the 100-yr, 24-hr rainfall event, while safely passing 35% of the PMP (or 15.4").

The proposed discharge limits will be based on a wet weather flow where the:

IWC = 39.2 % = $Q_w/(Q_w+Q_r)$ where $Q_w = Q_{001}+Q_{003}$

IV. 303(d) ISSUES

None.

V. TYPE OF WASTEWATER TREATMENT:

Outfall 001 (External) – Overflow from the cooling water makeup reservoir.

Outfall 101 (Internal) – Sanitary waste water package plant. Normal operation will include the Outfall 101 effluent being recycled and reused in the process. Outfall 101 effluent will be redirected to the cooling water makeup reservoir when the generating units are not operating.

Outfall 003 (External) – Ash Management Unit (AMU) #1 storm water runoff sedimentation pond overflow. This is currently regulated under the State Operating Permit (SOP) MSU009005. SOP MSU009005 will be terminated simultaneously if and when NPDES MS0061751 is issued.

VI. EPA APPLICABLE CATEGORICAL GUIDELINES

40 CFR 423 – Steam Electric Generation Category. The facility is designed to have no discharge of process waste water with the exception of the storm water runoff for the coal pile storage area. The coal pile runoff sedimentation basin was identified in the notice of intent submitted separately for coverage under the Baseline NPDES Storm Water General Permit MSR00 and will be considered as part of the BNOI submittal package under a separate permit action.

VII. DATA FROM APPLICATION FORMS 2D and 2E

Outfall 001 (External)				
Parameter	Maximum Daily Value			
BOD	18 mg/L			
COD	37 mg/L			
TSS	29 mg/L			
Ammonia	6.1 mg/L			
pH	7 – 8 S.U.			
Oil & Grease	15 mg/L			
Aluminum	0.91 mg/L			
Iron	1.34 mg/L			
Magnesium	4.27 mg/L			
Manganese	0.16 mg/L			
Titanium	0.007 mg/L			
Nickel	0.002 mg/L			
Zinc	0.023 mg/L			
Selenium	0.004 mg/L			

	Outfall 101 (Internal)
Parameter	Maximum Daily Value
BOD	30 mg/L
TSS	30 mg/L
Fecal Coliform	< 100 #/ 100 mL
Oil & Grease	1.0 mg/L
Ammonia as N	0.75 mg/L
рН	7-8 S.U.

	Outfall 003 (External)
Parameter	Maximum Daily Value
TSS	5 mg/L
pН	7 – 9 S.U.
Arsenic	0.043 mg/L
Cadmium	0.0071 mg/L
Lead	0.102 mg/L
Mercury	0.00056 mg/L
Nickel	0.14 mg/L
Selenium	0.006 mg/L
Zinc	0.027 mg/L

VII. WATER QUALITY LIMITATIONS BASED ON WASTELOAD ALLOCATION

The waste load allocation utilizes an IWC = 39.2 % and addresses conventional pollutants and ammonia. Other toxic parameters will be addressed in the WQ screening later in this document.

Outf	all 001 (External)
Parameter	Average
Flow	12.5 MGD
CBOD ₅	30 mg/L
Dissolved Oxygen (DO)	6 mg/L (minimum)
TSS	30 mg/L
рН	6 – 9 S.U.
Ammonia as N	6 mg/L

IX. CATEGORICAL GUIDELINE LIMITATIONS CALCULATIONS

Not applicable for the discharges proposed in NPDES permit number MS0061751.

X. TOXICITY SCREENING

No receiving stream background pollutant concentrations were provided for the proposed discharges. The proposed basins will be designed, constructed, and operated to capture and contain the storm water runoff from the 100-yr, 24-hr storm event while safely discharging a specific percentage of the PMP.

An allowable in stream concentration will be utilized to screen the proposed discharge quality included in the NPDES applications (IWC = 39.2 %).

Parameter	Screening	Application	Application	Pass/	Pass/
	Allowable	Data	Data	Fail	Fail
•	Maximum	Outfall	Outfall	Outfall	Outfall
	Daily Value	001	003	001	003
Arsenic ¹	0.867 mg/L	N/A	0.043 mg/L	N/A	pass
Cadmium ¹	0.003 mg/L	N/A	0.0071 mg/L	N/A	fail
Lead	0.077 mg/L	N/A	0.102 mg/L	N/A	fail
Mercury	0.005 mg/L	N/A	0.00056 mg/L	N/A	pass
Aluminum ²	1.913 mg/L	0.91 mg/L	N/A	pass	N/A
Iron ²	2.551 mg/L	1.34 mg/L	N/A	pass	N/A
Nickel ¹	0.663 mg/L	0.002 mg/L	0.14 mg/L	pass	pass
Zinc¹	0.166 mg/L	0.023 mg/L	0.027 mg/L	pass	pass
Selenium	0.030 mg/L	0.005 mg/L	0.006 mg/L	pass	pass

Footnote¹:

WPC-2

Footnote²:

National Recommended Water Quality Criteria

http://water.epa.gov/scitech/swguidance/standards/criteria/current/index.cfm

XI. PROPOSED FINAL LIMITATIONS

Outfall 001

1. Average Permit Limitations

Parameter	Categorical Limitation	Water Quality Limitation	Proposed Permit Limitation	Basis
Flow	N/A	N/A	12.5 MGD	WLA
pН	N/A	6.0 SU (min)	6.0 SU (min)	WQ
TSS	N/A	N/A	30 mg/L	WLA
Ammonia as N	N/A	N/A	4.0 mg/L	TJ
D.O.	N/A	N/A	6.0 mg/L (min)	WLA
CBOD ₅	N/A	N/A	30 mg/L	WLA

2. Maximum Permit Limitations

Parameter	Categorical Limitation	Water Quality Limitation	Proposed Permit Limitation	Basis
Flow	N/A	N/A	Report MGD	TJ
pН	N/A	9.0 SU	9.0 SU	WQ
TSS	N/A	N/A	45 mg/L	WLA
Ammonia as N	N/A	N/A	6.0 mg/L	TJ
D.O.	N/A	N/A	N/A	N/A
CBOD ₅	N/A	N/A	45 mg/L	WLA

Outfall 101

1. Average Permit Limitations

	Categorical	Water Quality	Proposed Permit	
Parameter	Limitation	Limitation	Limitation	Basis
Flow	N/A	N/A	N/A	TJ
CBOD ₅	N/A	N/A	30 mg/L	TJ
TSS	N/A	N/A	30 mg/L	TJ
TRC	N/A	N/A	0.1 mg/L (min)	TJ

2. Maximum Permit Limitations

. «	Categorical	Water Quality	Proposed Permit	
Parameter	Limitation	Limitation	Limitation	Basis
Flow	N/A	N/A	Report MGD	TJ
CBOD₅	N/A	N/A	45 mg/L	TJ
TSS	N/A	N/A	45 mg/L	TJ
TRC	N/A	N/A	1.0 mg/L	TJ

Outfall 003

1. Average Permit Limitations

		Water	Proposed	
	Categorical	Quality	Permit	
Parameter	Limitation	Limitation	Limitation	Basis
Flow	N/A	N/A	Report MGD	TJ
pН	N/A	6.0 SU (min)	6.0 SU (min)	WO
TSS	N/A	N/A	30 mg/L	WLA
Lead	N/A	N/A	Report mg/L	TJ
Cadmium	N/A	N/A	Report mg/L	TJ

2. Maximum Permit Limitations

Parameter	Categorical Limitation	Water Quality Limitation	Proposed Permit Limitation	Basis
Flow	N/A	N/A	Report MGD	TJ
pН	N/A	9.0 SU	9.0 SU	WO
TSS	N/A	N/A	45 mg/L	WLA
Lead	N/A	0.077 mg/L	0.077 mg/L	WO
Cadmium	N/A	0.003 mg/L	0.003 mg/L	WQ

A completed Form 2C will be required to be submitted within 18 months of the issuance of NPDES Permit MS0061751 for both Outfalls 001 and 003. A new Reasonable Potential Analysis (RPA) will be performed upon receipt of the completed Form 2C.

XII. TECHNICAL JUDGMENT STATEMENT:

It is our Technical Judgment that the foregoing limitations represent all applicable state and federal requirements.



State of Mississippi



WATER POLLUTION CONTROL PERMIT

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

THIS CERTIFIES

Mississippi Power Company, Kemper IGCC Facility
5835 Highway 493
DeKalb, MS
Kemper County

has been granted permission to discharge wastewater in accordance with the effluent limitations, monitoring requirements and other conditions set forth in this permit. This permit is issued in accordance with the provisions of the Mississippi Water Pollution Control Law (Section 49-17-1 et seq., Mississippi Code of 1972), and the regulations and standards adopted and promulgated thereunder, and under authority granted pursuant to Section 402(b) of the Federal Water Pollution Control Act.

Mississippi Environmental Quality Permit Board

Mississippi Department of Environmental Quality

Issued/Modified:

Permit No. MS0061751

Expires:

Agency Interest # 36313

*** Draft Permit ***

Table of Contents

bject Item Inventory	i
cility Requirements	1
neral Information	A-1
her Relevant Documents:	
Cover Letter, Form 1, Form 2-D, Drawings	

Mississippi Power Company, Kemper IGCC Facility
Subject Item Inventory
Permit Number:MS0061751
Activity ID No.: PER20110001

Subject Item Inventory:

ID	Designation	Description
AI36313	36313	IGCC Steam Electric
RPNT2	MS0061751-001	Outfall 001 (External - Cooling Water Make Up Resevior Discharge)
RPNT3	MS0061751-101	Outfall 101 (Internal - Sanitary Waste Water Discharge)
RPNT21	MS0061751-003	Outfall 003 (External - Ash Management Unit Storm Water Runoff Pond Discharge)

Receiving Stream Relationships:

Subject Item	Relationship	Receiving Stream
AI 36313 IGCC Steam Electric	Discharges Into	Wetland Adjacent to
	Then Into	Okatibbee Creek
	Then Into	Okatibbee Creek
	Then Into	Chickasawhay River
RPNT2 Outfall 001 (External - Cooling Water Make Up Resevior Discharge)	Discharges Into	Chickasawhay Creek
RPNT21 Outfall 003 (External - Ash Management Unit Storm Water Runoff Pond Discharge)	Discharges Into	Chickasawhay Creek
RPNT3 Outfall 101 (Internal - Sanitary Waste Water Discharge)	Discharges Into	Chickasawhay Creek

KEY	
ACT = Activity	AI = Agency Interest
AREA = Area	CAFO = Concentrated Animal Feeding Operation
CONT = Control Device	EQPT = Equipment
IA = Insignificant Activity	MAFO = Animal Feeding Operation
PCS = PCS	RPNT = Release Point
TRMT = Treatment	WDPT = Withdrawal Point

Mississippi Power Company, Kemper IGCC Facility
Subject Item Inventory
Permit Number: MS0061751
Activity ID No.: PER20110001

KEY

WDPT = Withdrawal Point

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Subject Item:

Outfall 001 (External - Cooling Water Make Up Resevior Discharge)

RPNT0000000002: MS0061751-001

Such discharges shall be limited and monitored by the permittee as specified below:

	Discharge Limitations								Monitoring Requirements		
Parameter	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Quality / Cone: Minimum	Quality / Conc. Average	Quality / Conc. Maximum	Quality / Conc. Units	Frequency	Sample Type	Which Months	
Ammonia Nitrogen, Total (as N) Effluent	Report Quarterly Average	Report Quarterly Maximum	pounds per day	****	4.0 Quarterly Average	6.0 Quarterly Maximum	mg/L	Monthly When Discharging	Grab Sampling	Jan-Dec	
Flow Effluent	12.5 Quarterly Average	Report Quarterly Maximum	Million Gallons per Day	*****	****	****	****	Daily When Discharging	Measurement	Jan-Dec	
Oxygen Demand, carbonaceo us blochemical, 5-day (20 degrees C) Effluent	Report Quarterly Average	Report Quarterly Maximum	pounds per day	***	30 Quarterly Average	45 Quarterly Maximum	mg/L	Monthly When Discharging	Grab Sampling	Jan-Dec	
Oxygen, dissolved Effluent	****	*****	****	6.0 Minimum	*****	****	mg/L	Daily When Discharging	Grab Sampling	Jan-Dec	
pH Effluent	****	, *****	****	6.0 Minimum	*****	9.0 Maximum	SU	Daily When Discharging	Grab Sampling	Jan-Dec	
Solids (Total Suspended) Effluent	Report Quarterly Average	Report Quarterly Maximum	pounds per day	****	30 Quarterly Average	45 Quarterly Maximum	mg/L	Monthly When Discharging	Grab Sampling	Jan-Dec	

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Subject Item:

Outfall 101 (Internal - Sanitary Waste Water Discharge)

RPNT0000000003:

MS0061751-101

Such discharges shall be limited and monitored by the permittee as specified below:

	483	Discharge Limitations						Monitoring Requirements		
Parameter	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Quality/ Conc. Minimum	Quality / Conc. Average	Quality / Conc. Maximum	Quality / Conc, Units	Frequency	Sample Type	Which Months
Chlorine, total residual Effluent	****	****	****	0.1 Minimum	****	1.0 Maximum	mg/L	Weekly	Grab Sampling	Jan-Dec
Flow Effluent	*****	Report Quarterly Maximum	Million Gallons per Day	****	*****	*****	**************************************	Daily	Measurement	Jan-Dec
Oxygen Demand, carbonaceo us blochemical, 5-day (20 degrees C) Effluent	****	****	*********	****	30 Quarterly Average	45 Quarterly Maximum	mg/L	Quarterly	24-hr Composite	Jan-Dec
Solids (Total Suspended) Effluent	****	*****	*****	*****	30 Quarterly Average	45 Quarterly Maximum	mg/L	Quarterly	24-hr Composite	Jan-Dec

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Subject Item: Outfall 003 (External - Ash Management Unit Storm Water Runoff Pond Discharge)

RPNT0000000021: MS0061751-003

Such discharges shall be limited and monitored by the permittee as specified below:

	Discharge Limitations								Monitoring Requirements		
Parameter	Quantity/ Loading Average	Quantity/ Loading Maximum	Quantity / Loading Units	Quality / Conc, Minimum	Quality / Conc. Average	Quality / Conc. Maximum	Quality / Conc. Units	Frequency	Sample Type	Which Months	
Cadmium (Total Recoverable) Effluent	Report Quarterly Average	Report Quarterly Maximum	pounds per day	***	Report Quarterly Average	Report Quarterly Maximum	mg/L	Monthly When Discharging	Composite Sample	Jan-Dec	
Flow Effluent	****	Report Quarterly Maximum	Million Gallons per Day	*****	****	教者水水水水	****	Daily When Discharging	Measurement	Jan-Dec	
Lead (Total Recoverable) Effluent	Report Quarterly Average	Report Quarterly Maximum	pounds per day	****	Report Quarterly Average	Report Quarterly Maximum	mg/L	Monthly When Discharging	Composite Sample	Jan-Dec	
pH Effluent	*****	*****	****	6.0 Minimum	******	9.0 Maximum	SU	Daily When Discharging	Grab Sampling	Jan-Dec	
Solids (Total Suspended) Effluent	****	被物物的政治	****	*****	30 / Quarterly Average	45 Quarterly Maximum	mg/L	Monthly When Discharging	Composite Sample	Jan-Dec	

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number: MS0061751
Activity ID No.: PER20110001

Page 1 of 25

AI0000036313 (36313) IGCC Steam Electric:

Limitation Requirements:

Condition No.	n Parameter	Condition
110.	1 arameter	Condition
L-1		There shall be no discharge of polychlorinated biphenyl compounds such as those commonly used for transformer fluid. [11 Miss Admin, Code Pt. 6, Ch. 1, Subch. 1.]
L-2	•	There shall be no discharge of floating solids or visible foam in other than trace amounts. [11 Miss. Admin. Code Pt. 6, R.2.2.A(2).]
L-3		The discharges shall not cause the occurrence of a visible sheen on the surface of the receiving waters. [11 Miss. Admin. Code Pt. 6, R.2.2.A(2).]
L-4		Samples taken in compliance with the monitoring requirements specified in this permit shall be taken at the nearest accessible point after final treatment but prior to mixing with the receiving stream or as otherwise specified in this permit. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(28).]

Record-Keeping Requirements:

•	
Condition No.	Condition
R-1	Recording of Results
	For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall maintain records of all information obtained from such monitoring including:

- (1) The exact place, date, and time of sampling;
- (2) The dates the analyses were performed;
- (3) The person(s) who performed the analyses;
- (4) The analytical techniques, procedures or methods used; and
- (5) The results of all required analyses. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(29)(a).]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number: MS0061751
Activity ID No.: PER20110001

Page 2 of 25

AI0000036313 (continued):

Condition No.	Condition
S-1	Reporting Requirements - Planned Changes
	The permittee shall give notice to the Permit Board as soon as possible of any planned physical alterations or additions, including but not limited to, a change of operation to the permitted facility. Notice is required in the circumstances that follow: (1) The alteration or addition to a permitted facility may meet one of the criteria for determining whether the facility is a new source in 40 CFR 122.29(b); or (2) The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants which are not subject to either effluent limitations in the permit or notification requirements under 40 CFR 122.42(a)(1). (3) The alteration or addition results in a significant change in the permittee's sludge use or disposal practices, and such alteration, addition, or change may justify the application of permit conditions that are different from or absent in the existing permit, including notification of additional use or disposal sites not reported during the permit application process or not reported pursuant to an approved land application plan; [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(15)(a).]
S-2	Reporting Requirements - Anticipated Noncompliance
	The permittee shall give advance notice to the Permit Board of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(29)(b).]
S-3	Noncompliance Notification - Twenty-Four Hour Reporting
	(1) The permittee shall report any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and/or prevent recurrence of the noncompliance.
	 (2) The following shall be included as information which must be reported within 24 hours under this paragraph. (i) Any unanticipated bypass which exceeds any effluent limitation in the permit. (ii) Any upset which exceeds any effluent limitation in the permit. (iii) Violation of a maximum daily discharge limitation for any of the pollutants listed by the Permit Board in the permit to be reported within 24 hours. (iv) The Executive Director may waive the written report on a case-by-case basis for reports under paragraph (1) of this section if the oral report has been received within 24 hours. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(29)(e).]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number MS0061751
Activity ID No.: PER20110001

Page 3 of 25

AI0000036313 (continued):

Condition No.	Condition
S-4	Noncompliance Notification - Other Noncompliance
	The permittee shall report all instances of noncompliance not reported under the twenty-four hour reporting requirements, at the time monitoring reports are submitted or within 30 days from the end of the month in which the noncompliance occurs. The reports shall contain the same information as is required under the twenty-four hour reporting requirements contained in this permit. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(29)(f).]
S-5	Noncompliance Notification - Other Information
	Where the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Permit Board, it shall promptly submit such facts or information. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(29)(g).]
S-6	Expiration of Permit
	At least 180 days prior to the expiration date of this permit pursuant to the State law and regulation, the permittee who wishes to continue to operate under this permit shall submit an application to the Permit Board for reissuance. The Permit Board may grant permission to submit an application later than this, but no later than the expiration date of the permit. [11 Miss. Admin. Code Pt. 6, R.1.1.5.B(1).]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number MS0061751
Activity ID No.: PER20110001

Page 4 of 25

AI0000036313 (continued):

Condition No.	Condition
S-7	Requirements Regarding Cooling and Boiler Water Additives
÷	Notification shall be made to the permitting authority in writing not later than sixty (60) days prior to initiating the addition of any chemical product to the cooling water and/or boiler water which is subject to discharge, other than those previously approved and/or used. Such notification should include, but not be limited to:
	 (1) Name and composition of the proposed additive, (2) Proposed discharge concentration, (3) Dosage addition rates, (4) Frequency of use, (5) EPA registration, if applicable, and (6) Aquatic species toxicological data.
	Written approval must be received from the permitting authority prior to initiating use. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(14).]
S-8	The permittee shall submit a report containing the monitoring results required by Outfall 003 permit conditions S-1 and S-2, which are located on page 23 of this permit. This report shall be sent the Environmental Permits Division and should NOT be combined with the Discharge Monitoring Report (DMR) submittal. [11 Miss Admin, Code Pt. 6, Ch. 1, Subch. 1. IV.A.28(a)]
Narrative Defini	Requirements:
Condition No.	Condition
T-1	Definitions: General
	The permittee shall refer to 11 Miss. Admin. Code Pt. 6, R. 1.1.1.A for definitions of any permit term not specified in this permit. [11 Miss. Admin. Code Pt. 6, R.1.1.1.A

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number: MS0061751
Activity ID No.: PER20110001

Page 5 of 25

AI0000036313 (continued):

Narrative Requirements: Definitions:

Condition No.	Condition
T-2	Definitions: Monthly Average
	"Monthly Average" means the average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during the month. The monthly average for fecal coliform bacteria is the geometric mean of "daily discharges" measured during the calendar month. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample

T-3 Definitions: Daily Discharge

"Daily discharge" means the "discharge of a pollutant" measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the "daily discharge" is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurements, the "daily average" is calculated as the average measurement of the discharge of the pollutant over the day. [11 Miss. Admin. Code Pt. 6, R.1.1.1.A(15).]

T-4 Definitions: Daily Maximum

"Daily maximum" means the highest "daily discharge" over a calendar month. [11 Miss. Admin. Code Pt. 6, R.1.1.1.A(16).]

T-5 Definitions: Toxic Pollutants

"Toxic pollutants" means any pollutant listed as toxic under Section 307(a)(1) or, in the case of "sludge use or disposal practices", any pollutant identified in regulations implementing Section 405(d) of the Clean Water Act. [11 Miss. Admin. Code Pt. 6, R.1.1.1.A(71).]

T-6 Definitions: Hazardous Substances

"Hazardous substances" are defined in 40 CFR 116.4. [40 CFR 116.4]

results of zero. [11 Miss. Admin. Code Pt. 6, R.1.1.1.A(44).]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number: MS0061751
Activity ID No.: PER20110001

Page 6 of 25

AI0000036313 (continued):

Detin	Definitions:	
Condition No.	Condition	
T-7	Definitions: Weekly Average	
	"Weekly average" means the average of "daily discharges" over a calendar week, calculated as the sum of all "daily discharges" measured during a calendar week divided by the number of "daily discharges" measured during that week. The weekly average for fecal coliform bacteria is the geometric mean of all "daily discharges" measured in a calendar week. In computing the geometric mean for fecal coliform bacteria, one (1) shall be substituted for sample results of zero. For self-monitoring purposes, the value to be reported is the single highest weekly average computed during a calendar month. [11 Miss. Admin. Code Pt. 6, R. 1.1.1.A(86).]	
T-8	Definitions: Quarterly Average	
	"Quarterly Average" means the average of "daily discharges" over a three month period, calculated as the sum of all "daily discharges" measured during the quarter divided by the number of "daily discharges" measured during the quarter. The quarterly average for fecal coliform bacteria is the geometric mean of "daily discharges" measured during the quarter. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero. [11 Miss. Admin. Code Pt. 6, R.1.1.1.A(61).]	
T-9	Definitions: Maximum Monthly Average	
	Maximum Monthly Average means the highest "monthly average" over a monitoring period. [40 CFR 122]	
T-10	Definitions: Quarterly Maximum	
	"Quarterly Maximum" means the highest "daily discharge" measured over a three-month period. [11 Miss. Admin. Code Pt. 6, R.1.1.1.A(62).]	
T-11	Definitions: Yearly Average	
	"Yearly Average" means the average of "daily discharges" over a calendar year, calculated as the sum of all "daily discharges" measured during the calendar year divided by the number of "daily discharges" measured during the calendar year. The yearly average for fecal coliform bacteria is the geometric mean of "daily discharges" during the calendar year. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero. [11 Miss. Admin. Code Pt. 6, R.1.1.1.A(87).]	

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number: MS0061751
Activity ID No.: PER20110001

Page 7 of 25

AI0000036313 (continued):

Definitions:

Condition No.	Condition
T-12	Definitions: Yearly Maximum
	"Yearly Maximum" means the highest "daily discharge" measured over a calendar year. [11 Miss. Admin. Code Pt. 6, R.1.1.1.A(88).]
T-13	Definitions: Submitted Except as specifically defined, or otherwise noted, in an applicable regulation or permit, any report, application, or other document or information that is required by these regulations, or by a permit issued by the Permit Board, to be submitted to the Commission, Permit Board, or MDEQ shall be deemed submitted only upon its receipt by MDEQ. [11 Miss. Admin. Code Pt. 6, Ch.1, Subch.1.]
Condition No.	Condition
T-14	The permittee shall achieve compliance with the effluent limitations specified for discharge in accordance with the following schedule: Upon Permit Issuance. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(9).)]
T-15	Within 14 days after either an interim or final date of compliance specified by this permit, the permittee shall provide the Permit Board with written notice of his compliance or noncompliance with the requirements or conditions specified to be completed by that date. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(10).]
T-16	Representative Sampling
	Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored wastewater. [11 Miss. Admin. Code Pt. 6, R.1.1.1.A(28).]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number MS0061751
Activity ID No.: PER20110001

Page 8 of 25

AI0000036313 (continued):

Condition No.	Condition
T-17	Reporting
	If the results for a given sample analysis are such that any parameter (other than fecal coliform) is not detected at or above the minimum level for the test method used, a value of zero will be used for that sample in calculating an arithmetic mean value for the parameter. If the resulting calculated arithmetic mean value for that reporting period is zero, the permittee shall report "NODI = B" on the DMR. For fecal coliform, a value of 1.0 shall be used in calculating the geometric mean. If the resulting fecal coliform mean value is 1.0, the permittee shall report "NODI = B" on the DMR. For each quantitative sample value that is not detectable, the test method used and the minimum level for that method for that parameter shall be attached to and submitted with the DMR. The permittee shall then be considered in compliance with the appropriate effluent limitation and/or reporting requirement. [11 Miss. Admin. Code Pt. 6, Ch. 1, Subch. 2.]
T-18	Reporting
	If the permittee monitors any pollutant as prescribed in the permit more frequently than required by the permit using test procedures approved under 40 CFR Part 136 or, in the case of sludge use or disposal, approved under 40 CFR Part 136 unless otherwise specified in 40 CFR Part 503, or as specified in the permit, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR or sludge reporting form specified by the Permit Board. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(15)c(2).]
T-19	Reporting
	Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified by the Permit Board in the permit. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(15)(c)(3).]
T-20	Test Procedures
	Test procedures for the analysis of pollutants shall include those set forth in 40 CFR 136 or alternative procedures approved and/or promulgated by EPA. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(30).]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number: MS0061751
Activity ID No.: PER20110001

Page 9 of 25

AI0000036313 (continued):

Condition No.	Condition
T-21	Records Retention
	All records and results of monitoring activities required by this permit, including calibration and maintenance records, shall be retained by the permittee for a minimum of three (3) years, unless otherwise required or extended by the Permit Board, copies of which shall be furnished to the Department upon request. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(29)(a).]
T-22	Falsifying Reports
	Any permittee who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required by the Permit Board to be maintained as a condition in a permit, or who alters or falsifies the results obtained by such devices or methods and/or any written report required by or in response to a permit condition, shall be deemed to have violated a permit condition and shall be subject to the penalties provided for a violation of a permit condition pursuant to Section 49-17-43 of the Code. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(29)(d).]
T-23	Facility Expansion and/or Modification
·	Any facility expansion, production increases, process modifications, changes in discharge volume or location or other changes in operations or conditions of the permittee which may result in a new or increased discharge of waste, shall be reported to the Permit Board by submission of a new application for a permit pursuant to 11 Miss. Admin. Code Pt. 6, R. 1.1.2.A.of the Mississippi Wastewater Regulations, or if the discharge does not violate effluent limitations specified in the permit, by submitting to the Permit Board a notice of a new or increased discharge. [11 Miss. Admin. Code Pt. 6, R.1.1.2.A.]
T-24	Duty to Comply
	The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Clean Water Act and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or denial of a permit renewal application. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(2).]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number MS0061751
Activity ID No.: PER20110001

Page 10 of 25

AI0000036313 (continued):

Narrative Requirements:

Condition No.	Condition
T-25	Proper Operation, Maintenance and Replacement
	The permittee shall at all times properly operate, maintain, and when necessary, promptly replace all facilities and systems of collection, treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance includes adequate laboratory controls and appropriate quality assurance procedures. Proper replacement includes maintaining an adequate inventory of replacement equipment and parts for prompt replacement when necessary to maintain continuous collection and treatment of wastewater. This provision requires the operation of back-up or auxiliary facilities or similar systems that are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(18).]
T-26	Duty to Mitigate
	The permittee shall take all reasonable steps to minimize or prevent any discharge or sludge use or disposal in violation of the permit that has a reasonable likelihood of adversely affecting human health or the environment. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(19).)]
T-27	Bypassing
	The permittee shall comply with the terms and conditions regarding bypass found in 40 CFR 122.41(m). [40 CFR 122.41(m)]
T-28	Bypassing - Definitions
	"Bypass" means the intentional diversion of waste streams from any portion of a treatment facility.
	"Severe property damage" means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production. [40 CFR 122.41(m)]
T-29	Bypassing - Bypass not exceeding limitations
	The permittee may allow any bypass to occur which does not cause effluent limitations to be exceeded, but only if it also is for essential maintenance to assure efficient operation. These bypasses are not subject to the notice and prohibition provisions of the bypass requirements in this permit. [40 CFR 122.41(m)]

*** Draft Permit ***

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number: MS0061751
Activity ID No.: PER20110001

Page 11 of 25

AI0000036313 (continued):

Condition No.	Condition
T-30	Bypassing -Notice
	Anticipated bypass- If the permittee knows in advance of the need for a bypass, it shall submit prior notice, if possible at least ten days before the date of the bypass.
	Unanticipated bypass- The permittee shall submit notice of an unanticipated bypass as required by the twenty-four hour reporting requirements set forth in this permit. [40 CFR 122.41(m)]
T-31	Bypassing- Prohibition of Bypass
	 Bypass is prohibited, and the Commission may take enforcement action against a permittee unless: Bypass was unavoidable to prevent loss of life, personal injury, or sever property damage. There was no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgement to prevent a bypass which occurred during normal periods of equipment downtime or preventative maintenance; and The permittee submitted notices as required under the Twenty-Four Hour reporting requirements set forth in this permit.
	(2) The Commission may approve an anticipated bypass, after considering its adverse affects, if the Commission determines that it will meet the three conditions listed above in paragraph (1) of this permit condition. [40 CFR 122.41(m)]
T-32	Upsets
	The permittee shall meet the conditions of 40 CFR 122.41(n) regarding "Upsets" and as in the upset requirements of this permit. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(27).]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number: MS0061751
Activity ID No.: PER20110001

Page 12 of 25

AI0000036313 (continued):

Condition	
No.	Condition
T-33	Upsets- Definition
	"Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(27).]
T-34	Upsets - Effect of an Upset
	An upset constitutes an affirmative defense to an action brought for noncompliance with such technology based permit effluent limitations if the "conditions necessary for demonstration of upset" requirements of this permit are met. Any determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, shall not constitute final administrative action subject to judicial review. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(27).]
T-35	Upsets - Conditions necessary for demonstration of upset
	A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
	 (1) An upset occurred and that the permittee can identify the cause(s) of the upset; (2) The permitted facility was at the time being properly operated; (3) The permittee submitted notice of the upset as required in 40 CFR 122.41(L)(6)(ii)(B)(24-hour notice of noncompliance); and (4) The permittee complied with any remedial measures required under 40 CFR 122.41(d) (Duty to Mitigate). [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(27).]
T-36	Upsets - Burden of proof
	In any enforcement proceeding the permittee seeking to establish the occurrence of an upset has the burden of proof. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(27).]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number: MS0061751
Activity ID No.: PER20110001

Page 13 of 25

AI0000036313 (continued):

Narrative Requirements:

Condition No.	Condition
T-37	Removed Substances
	Solids, sludges, filter backwash, or other residuals removed in the course of treatment or control of wastewater shall be disposed of in a manner such as to prevent such materials from entering State waters and in a manner consistent with the Mississippi Solid Waste Disposal Act, the Federal Resource Conservation and Recovery Act, and the Mississippi Water Pollution Control Act. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(21).]
T-38	Power Failures
•	If electric power is required, in order to maintain compliance with the conditions and prohibitions of the permit, the permittee shall either:
	(1) Provide an alternative power source to operate the wastewater control facilities; or, if such alternative power source is not in existence, and no date for its implementation appears in the permit, (2) Halt, reduce, or otherwise control production and/or all wastewater flows upon reduction, loss, or failure of the primary source of power to the wastewater control facilities. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(22).)]
T-39	Inspection and Entry
	The permittee shall allow any authorized Commission representative to enter the permittee's premises at any reasonable time, to have access to and copy any applicable records, to inspect process facilities, treatment works, monitoring methods or equipment or to take samples, as authorized by Section 49-17-21 of the Code. In the event of investigation during an emergency response action, a reasonable time shall be any time of the day or night. Follow-up investigations subsequent to the conclusion of the emergency event shall be conducted at reasonable times. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(17).]
T-40	Transfer of Ownership or Control
	This permit is not transferable to any person without proper modification of this permit following procedures found in [11 Miss. Admin. Code Pt. 6, R.1.1.5.C.]
T-41	Signatory Requirements
	All applications, reports, or information submitted to the Permit Board shall be signed and certified. [11 Miss. Admin. Code Pt. 6, R.1.1.2.C.]

*** Draft Permit ***

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number: MS0061751
Activity ID No.: PER20110001

Page 14 of 25

AI0000036313 (continued):

Condition No.	Condition
T-42	Signatory Requirements - Application Signatures
	All permit applications shall be signed as follows:
	(1) For a corporation: by a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means: (i) a president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy - or decision-making function for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. (2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
	(3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. [11 Miss. Admin. Code Pt. 6, R.1.1.2.C.]
-43	Signatory Requirements -Reports and Other Information
	All reports required by the permit and other information requested by the Permit Board shall be signed by a person described by the application signature requirements in this permit or by a duly authorized representative of that person. A person is a duly authorized representative only if:
	(1) The authorization is made in writing by a person described by the application signature requirements; (2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, position having overall responsibility for environmental matters for the company. (a) the written authorization is submitted to the Permit Board. [11 Miss. Admin. Code Pt. 6, R.1.1.2.C.]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number:MS0061751
Activity ID No.: PER20110001

Page 15 of 25

AI0000036313 (continued):

Condition No.	Condition
	Signatory Requirements - Changes to Authorization
	If an authorization under the signatory requirements of this permit is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the signatory requirements of this permit must be submitted to the Permit Board prior to or together with any reports, information, or applications. [11 Miss. Admin. Code Pt. 6, R.1.1.2.C.]
T-45	Signatory Requirements - Certification
	Any person signing a document under the signatory requirements stated in this permit shall make the following certification:
	"I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." [11 Miss. Admin. Code Pt. 6, R.1.1.2.C.]
T-46	Availability of Records
	Except for information deemed to be confidential under the Mississippi Code Ann. 49-17-39 and 40 CFR 123.41, file information relating to this permit shall be made available for public inspection and copying during normal business hours at the office of the Department of Environmental Quality in Jackson, Mississippi. Written request must be provided in accordance with policies developed by the Commission and must state, specifically, records proposed for review, date proposed for review and copying requirements. [11 Miss. Admin. Code Pt. 6, R.1.1.3.E.]
T-47	Duty to Provide Information
	The permittee shall furnish to the Permit Board within a reasonable time any relevant information which the Permit Board may request to determine whether cause exists for modifying, revoking and reissuing, or terminating the permit, or to determine compliance with the permit. The permittee shall also furnish to the Permit Board upon request, copies of records required to be kept by the permit. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(16).]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number: MS0061751
Activity ID No.: PER20110001

Page 16 of 25

AI0000036313 (continued):

Condition No.	Condition
T-48	Toxic Pollutants
	The permittee shall comply with any toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) established under Section 307(a) of the Federal Water Pollution Control Act. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(26).]
T-49	Toxic Pollutants Notification Requirements
	The permittee shall comply with the applicable provisions of 40 CFR 122.42. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(26).]
T-50	Civil and Criminal Liability
	 (1) Any person who violates a term, condition or schedule of compliance contained within this permit or the Mississippi Water Pollution Control Law is subject to the actions defined by law. (2) Except as provided in permit conditions on "Bypassing" and "Upsets", nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance. (3) It shall not be the defense of the permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(24).)]
T-51	Oil and Hazardous Substance Liability
	Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee is or may be subject to under Section 311 of the Federal Water Pollution Control Act and applicable provisions under Mississippi Law pertaining to transportation, storage, treatment, or spillage of oil or hazardous substances. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(23).]
T-52	Property Rights
	The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State, or local laws or regulations. [11 Miss. Admin. Code Pt. 6, R.1.1.5. E.]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number MS0061751
Activity ID No.: PER20110001

Page 17 of 25

AI0000036313 (continued):

Narrative Requirements:

<u> </u>	
Condition No.	Condition
T-53	Severability
	The provisions of this permit are severable. If any provision of this permit, or the application of any provision of this permit to any circumstances, is challenged or held invalid, the validity of the remaining permit provisions and/or portions thereof or their application to other persons or sets of circumstances, shall not be affected thereby. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(25).]
T-54	Protection of Confidential Information
•	(1) Pursuant to Miss. Code Ann. ' 49-17-39 and 40 CFR 123.41, the Permit Board shall make available to the public all information contained on any form and all public comments on such information. Effluent data and information concerning air or water quality shall also be made available to the public. Information that is determined by the Commission to be trade secrets shall not be disclosed to the public without prior consent of the source of such information. When a claim of confidentiality is made by a person in accordance with the provisions of Miss. Code Ann. ' 49-17-39, a recommendation on the questions of confidentiality shall be made by the Commission and forwarded to the Regional Administrator (or his/her designee) of EPA for his concurrence in such determination of confidentiality. [11 Miss. Admin. Code Pt. 6, R.1.1.3.F.]
T-55	Protection of Confidential Information- continued
	(2) A copy of a State, UIC, or NPDES permit application, public notice, fact sheet, draft permit and other forms relating thereto, including written public comment and other reports, files and information relating to the application not classified as confidential information by the Commission pursuant to part (1) of this requirement, shall be available for public inspection and copying during normal business hours at the office of the Department in Jackson, Mississippi. [11 Miss. Admin. Code Pt. 6, R.1.1.3.F.]
T-56	Protection of Confidential Information- continued
	(3) Upon determination by the Commission that information submitted by a permit applicant is entitled to protection against disclosure as trade secrets, the information shall be so labeled and otherwise handled as confidential. Copies of the information and a notice of the Commission's action shall be forwarded to the Regional Administrator (or his/her designee). In making its determination of entitlement to protection as a trade secret, the Commission shall follow the procedure set forth in Miss. Code Ann. ' 49-17-39. In the event the Commission denies the claim of confidentiality, the applicant shall have, upon notification thereof, the right to appeal the Commission's determination in the same manner provided for other orders of the Commission. No disclosure, except to EPA, shall be allowed until any appeal from the determination of the Commission is completed. [11 Miss. Admin. Code Pt. 6, R.1.1.3.F.]

*** Draft Permit ***

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number: MS0061751
Activity ID No.: PER20110001

Page 18 of 25

AI0000036313 (continued):

Narrative Requirements:

Condition No.	Condition		
T-57	Spill Prevention and Best Management Plans		
	Any permittee which has above ground bulk storage capacity, of more than 1320 gallons or any single container with a capacity greater than 660 gallons, of materials and/or liquids (including but not limited to, all raw, finished and/or waste material) with chronic or acute potential for pollution impact on waters of the State and not subject to Mississippi Hazardous Waste Management Regulations or 40 CFR 112 (Oil Pollution Prevention) regulations shall provide secondary containment as found in 40 CFR 112 or equivalent protective measures such as trenches or waterways which would conduct any tank releases to a permitted treatment system or sufficient equalization or treatment capacity needed to prevent chronic/acute pollution impact. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(12)(a).]		
	containment as found in 40 CFR 112 or equivalent protective measures such as trenches or waterways which would conduct any tank releases to a permitted treatment system or sufficient equalization or treatment capacity needed to prevent chronic/acute pollution impact, [11 Miss, Admin, Code Pt. 6]		

This permit shall be modified, or alternately, revoked and reissued, to comply with any applicable effluent standard, limitation or storm water regulation issued or approved under Section 301(b)(2)(C), and (D), 304(b)(2), 307(a)(2) and 402(p) of the Federal Water Pollution Control Act if the effluent standard, limitation or regulation so issued or approved:

- 1. Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or
- 2. Controls any pollutant not limited in the permit.
- 3. This permit shall be modified to reflect any additional or otherwise more stringent limitations and additional monitoring as determined to be necessary by the results of a Completed TMD. [11 Miss. Admin. Code Pt. 6, R. 1.1.4.F(1).]

T-59 Closure Requirements

Should the permittee decide to permanently close and abandon the premises upon which it operates, it shall provide a Closure Plan to the Permit Board no later than 90 days prior to doing so. This Closure Plan shall address how and when all manufactured products, by-products, raw materials, stored chemicals, and solid and liquid waste and residues will be removed from the premises or permanently disposed of on site such that no potential environmental hazard to the waters of the State will be presented. Closure plan(s) submitted to and approved by Mississippi Department of Environmental Quality for compliance with other environmental regulations will satisfy the closure requirements for those items specifically addressed in the closure plan(s) as long as the closure does not present a potential for environmental hazard to waters of the State. [11 Miss. Admin. Code Pt. 6, R.1.1.4.A(11).]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number:MS0061751
Activity ID No.: PER20110001

Page 19 of 25

AI0000036313 (continued):

Condition No.	Condition
T-60	Permit Actions
	The permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a modification of planned changes or anticipated noncompliance, does not stay any permit condition. [11 Miss. Admin. Code Pt. 6, R. 1.1.5.C(5).]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number MS0061751
Activity ID No.: PER20110001

Page 20 of 25

RPNT000000002 (MS0061751-001) Outfall 001 (External - Cooling Water Make Up Resevior Discharge):

Limitation Requirements:

Condition	·	
No.	Parameter	Condition
L-1	·	The facility Cooling Make Up Water Reservoir shall be designed, constructed, and maintained to capture and contain the 100-year, 24-hour storm event and safely pass up to 100% of the probable maximum precipitation (PMP). The PMP event is approximately 44 inches. [11 Miss Admin, Code Pt. 6, Ch. 1, Subch. 1.]
Monitori	ng Requirements:	
Condition		
No.	Parameter	Condition
M-1		 The permittee shall monitor the surface elevation of the facility Cooling Make Up Water Reservoir bi-weekly. The permittee shall monitor the daily volume of water transferred from the Cooling Make Up Water Reservoir and used in the steam electric power generation process. The permittee shall monitor the daily volume of treated POTW effluent transferred into the Cooling Make Up Water Reservoir. The permittee shall monitor the daily rain events. [11 Miss Admin, Code Pt. 6, Ch. 1, Subch. 1.]
Record-F	Keeping Requirements	
Condition No.	Condition	
R-1	(2) The permittee shall main	ntain records of the bi-weekily Cooling Make Up Water Reservoir surface elevation inspections. Itain a daily water transfer operating log for the Cooling Make Up Water Reservoir. Itain a daily rainfall log of storm events exceeding on-half of an inch of rainfall within a 24 hour period. [11 Miss Admin, Code Period

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number MS0061751
Activity ID No.: PER20110001

Page 21 of 25

RPNT0000000002 (continued):

Condition No.	Condition
S-1	The Permittee shall submit analytical results on a quarterly Discharge Monitoring Report (DMR): Due quarterly, by the 28th of Jan, April, July, and Oct. [11 Miss Admin, Code Pt. 6, Ch. 1, Subch. 1. 4.A.(15)(c)]
S-2	The permittee is required to submit a Form 2C for Outfall 001. Submit a copy: Due once within 1.5 years (550 days) after effective date. If "no discharge" has taken place within the 1.5 year (550 day) timeframe, the permittee will be required to submit the Form 2C within 90 days following the first discharge from Outfall 001. [11 Miss Admin, Code Pt. 6, Ch. 1, Subch. 1.]
S-3	The permittee shall notify MDEQ in writing within seven (7) days of the initial discharge from Outfall 001. [11 Miss Admin, Code Pt. 6, Ch. 1, Subch. 1.]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number: MS0061751
Activity ID No.: PER20110001

Page 22 of 25

RPNT000000003 (MS0061751-101) Outfall 101 (Internal - Sanitary Waste Water Discharge):

Condition No.	Condition
S-1	The Permittee shall submit analytical results on a quarterly Discharge Monitoring Report (DMR): Due quarterly, by the 28th of Jan, April, July, and Oct. [11 Miss Admin, Code Pt. 6, Ch. 1, Subch. 1. 4.A.(15)(c)]

Mississippi Power Compa: Kemper ICCC Facility

Facility Reasonances

Permit Num MS006* 51

Activity ID ?

PER2U ∍0**1**

Page 23 of 25

PNT00000	00021 (MS0061751-003)	Outfall 003 (External - Ash Mana art) rm Water Runoff Pond Discharge):
Limitatio	n Requirements:	· · · · · · · · · · · · · · · · · · ·
Condition No.	Parameter	Condition
L-1		The Ash Management Unit Number 1 (ANU #1) Storm Water Runoff Basin shall be desinged, constructed, and maintained to capture and contain the 100-year, 24-hour storm event while safely passing 35% of the probable maximum precipitation (PMP) The PMP event is 44 inches. [11 Miss Admin, Code Pt. 6, Ch. 1, Subch. 1.]
Monitori	ng Requirements:	
Condition No.	Parameter	Condition
M-1		 The permittee shall monitor the pond surface elevation of the AMU #1 Basin bi-weekly. The permittee shall monitor the daily volume of water transferred from the AMU #1 Basin. The permittee shall monitor the daily rain events. [11 Miss Admin, Code Pt. 6, Ch. 1, Subch. 1.]
Record-I	Keeping Requirements:	
Condition No.	Condition	
R-1		tain records of the bi-weekly AMU #1 Basin Pond Surface elevation inspections. tain a daily water transfer operating log from the AMU #1 Basin. tain a daily rainfall log of storm events exceeding one-half of an inch of rainfall within a 24 hour period. [11 Miss Admin, Code P

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number MS0061751
Activity ID No.: PER20110001

Page 24 of 25

RPNT0000000021 (continued):

Submittal/Action	Requirements:
------------------	---------------

Cadm	nium	(Total Recoverable):
Condition No.	Condition	
S-1	Cadmium (Total Recoverable): shall be monitored at Outfall 003 on a monthly basis, utilizing 24-hour composite sampling, until 12 have been collected. Sampling should begin following the effective re-issuance date of this permit and shall be representative of all 4 seasons up Total Recoverable Arsenic shall be analyzed using EPA method 200.8 or an approved equivalent method with a MQL of 1.0 micrograms/L. On analytical result and date of all 12 sampling events shall be submitted in a report as required in permit condition S-10 on page 7 of this permit. Code Pt. 6, Ch. 1, Subch. 1.]	
Lead	(Total Recove	erable):
Condition No.	Condition	
S-2	collected. San Recoverable A analytical res	Recoverable): shall be monitored at Outfall 003 on a monthly basis, utilizing 24-hour composite sampling, until 12 monthly samples have been impling should begin following the effective re-issuance date of this permit and shall be representative of all 4 seasons upon completion. Total Arsenic shall be analyzed using EPA method 200.8 or an approved equivalent method with a MQL of 1.0 micrograms/L. Once completed, the ult and date of all 12 sampling events shall be submitted in a report as required in permit condition S-10 on page 7 of this permit. [11 Miss Admin, th. 1, Subch. 1.]
Condition No.	Condition	
S-3		e shall submit analytical results on a quarterly Discharge Monitoring Report (DMR): Due quarterly, by the 28th of Jan, April, July, and Oct. [11 Code Pt. 6, Ch. 1, Subch. 1. 4.A.(15)(c)]
S-4	taken place w	e is required to submit a Form 2C for Outfall 003. Submit a copy: Due once within 1.5 years (550 days) after effective date. If "no discharge" has within the 1.5 year (550 day) timeframe, the permittee will be required to submit the Form 2C within 90 days following the first discharge from [11 Miss Admin, Code Pt. 6, Ch. 1, Subch. 1.]
S-5	The permittee	e shall notify MDEQ in writing within seven (7) days of the initial discharge from Outfall 003. [11 Miss Admin, Code Pt. 6, Ch. 1, Subch. 1.]

Mississippi Power Company, Kemper IGCC Facility
Facility Requirements
Permit Number MS0061751
Activity ID No.: PER20110001

Page 25 of 25

RPNT0000000021 (continued):

Condition No.	Condition
T-1	Composite sampling means manually compositing three (3) individual 500 mL aliquots of waste water discharge collected at the beginning, middle, and end of the discharge event. [11 Miss Admin, Code Pt. 6, Ch. 1, Subch. 1.]

GENERAL INFORMATION

Mississippi Power Company, Kemper IGCC Facility
5835 Highway 493
DeKalb, MS
Kemper County

Alternate/Historic Identifiers

ID	Alternate/Historic Name	User Group	Start Date	End Date
36313	Mississippi Power Company, Kemper IGCC Facility	Official Site Name	10/12/2007	
MSR104866	Mississippi Power Company, Kemper IGCC Facility	GP-Construction	11/13/2007	5/31/2010
138000017	Mississippi Power Company, Kemper IGCC Facility	Air-Construction	10/14/2008	0/01/2010:
WQC2009085	Mississippi Power Company, Kemper IGCC Facility	WQC Number	11/5/2009	
SAM200901149DMY	Mississippi Power Company, Kemper IGCC Facility	COE Public Notice/ Permit Number	11/5/2009	12/21/2009
MSU009005	Mississippi Power Company, Kemper IGCC Facility	Water - SOP	3/9/2010	2/28/2015
MSR104866	Mississippi Power Company, Kemper IGCC Facility	GP-Construction	8/22/2011	12/31/2015
MSR000105031	MPC Ratcliffe Electric Generating Plant	Hazardous Waste-EPA ID	8/26/2011	12/31/2013
SW0350040551	Mississippi Power Company, Kemper IGCC Gadification Ash Management Uni		11/14/2011	10/31/2021
MSG130366		GP-Hydrostatic Testing	7/10/2012	4/10/2013
		GP-Hydrostatic Testing	8/7/2012	8/31/2016

Basin:

Pascagoula River Basin

Location Description: Application Emissions Summary IGCC#1

*** Draft Permit ***

Page A-1 of A-2

GENERAL INFORMATION

Relevant Documents:

Cover Letter, Form 1, Form 2-D, Drawings

*** Draft Permit ***

Page A-2 of A-2

6/5/5⁰





MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

James I. Palmer, Jr., Executive Director

May 24, 1999

Ms. Karrie Jo Shell Surface Water Permit Section U.S. EPA, Region IV 61 Forsyth Street Atlanta, Georgia 30303

Dear Ms. Shell:

New Source? Withingthe Comments

May or mandend, fred when or month of the december of the contract of the con

City of Meridian Re: Proposed NAS Wastewater Facility Draft NPDES Permit No. MS0055735 Submittal for EPA Review

Enclosed herewith for your review are copies of the following documents related to the issuance of the above referenced permit:

- Fact Sheet and/or Rationale (with calculations for revised draft)
- Application
- Draft Permit
- Modeling Data
- Public Notice
- Antidegradation Policy Review

Be advised that this permit has undergone review of our antidegradation policy. The following reasons were included in our review as rationale for accepting this project:

-This project moves a current NPDES discharge which currently is permitted to the Naval Air Station in Meridian and is in a location where it can take septic tanks off-line as well.

-This project also has the potential to take additional existing NPDES discharges offline.

Ms. Shell May 24, 1999 Page -2-

-This project is identified to be key to the viability of the Naval Air Station; the base is a major employer, and closure would have severe adverse impacts to the community.

The subject permit is scheduled to be issued on July 13, 1999. If no comments are received from EPA prior to the aforementioned date, we will assume that the subject draft permit is adequate for reissuance. If you have any questions regarding the enclosed packet, please do not hesitate to contact us.

Respectfully,

Greg Burgess

Municipal Permit Compliance Branch

TGB:tgb Enclosures

FACT SHEET

APPLICATION FOR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT TO DISCHARGE WASTEWATER TO WATERS OF THE STATE OF MISSISSIPPI

Application No.: MS0055735

Date: May 21, 1999

- 1. SYNOPSIS OF APPLICATION
 - a. Name and Address of Applicant

City of Meridian
P. O. Box 1430
Meridian, Mississippi 39302-1430

- Description of Applicant's Operation
 Municipal Wastewater Collection and Treatment
- c. Production Capacity of Facility1.0 MGD
- d. Description of Existing Pollution Abatement Facilities Sequential Batch Reactor (proposed)
- e. Applicant's Receiving Waters
 Sowashee Creek —
- f. Description of Discharges
 Outfall 001 is described as Biologically treated domestic wastewater.
- 2. PROPOSED EFFLUENT LIMITATIONS
 - ~ See Attached Permit ~
- 3. MONITORING REQUIREMENTS

The applicant will be required to monitor regularly for flow and those parameters limited in Section 2 above with sufficient frequency to ensure compliance with the permit conditions.

Frequency, methods of sampling, and reporting dates will be specified in the final permit.

4. PROPOSED COMPLIANCE SCHEDULE FOR ATTAINING EFFLUENT LIMITATIONS

Beginning the issuance date of this permit, the permittee shall achieve compliance with the final effluent limitations.

5. PROPOSED CONDITIONS OF APPLICABILITY AND OTHER REQUIREMENTS

The applicant will be required at all times to operate facilities as efficiently as possible and in a manner which will minimize upsets and discharges of excessive pollutants.

The permittee shall provide an adequate operate staff which is duly qualified to carry out the operation, maintenance and testing functions required to insure compliance specified in the permit.

Maintenance of treatment facilities that result in degradation of effluent quality shall be scheduled during noncritical water quality period and shall be carried out in a manner approved by the Mississippi Office of Pollution Control.

The permittee is required to submit information of a periodic basis on the quality and quantity of effluent introduced into the facility by major contributing industries.

6. WATER QUALITY STANDARDS AND EFFLUENT STANDARDS APPLIED TO THE DISCHARGE

State of Mississippi Water Quality Criteria, Wastewater Regulations, Antidegradation Policy, and Modeling. Sowashee Creek is classified as Fish and Wildlife.

- 7. PROCEDURES FOR THE FORMULATION OF FINAL DETERMINATIONS
 - a. Comment Period

The Mississippi Office of Pollution Control Permit Board proposes to issue an NPDES permit to this applicant subject to the effluent limitations and special conditions outlined above. These determinations are tentative.

Interested persons are invited to submit written comments on the permit application or on the Permit Board's proposed determinations to the following address: Mississippi Department of Environmental Quality Office of Pollution Control P. O. Box 10385
Jackson, Mississippi 39289-0385

Additional details about the application and the proposed determination, a sketch showing the location of the discharge, and a copy of the draft permit are available by writing Glenn Odom at the Permit Board's address or calling 961-5171.

All comments received prior to June 30, 1999, will be considered in the formulation of final determinations with regard to this application.

b. Public Hearing

The Permit Board may hold a public hearing if there is a significant degree of public interest in a proposed permit or group of permits. Public notice of such a hearing will be circulated in newspapers in the geographical area of the discharge and to those on the agency's mailing list at least 30 days prior to the hearing.

Following the public hearing, the Permit Board may take such modifications in the terms and conditions of the proposed permits as may be appropriate and shall issue or deny the permit. Notice of issuance or denial will be circulated to those who participated in the hearing and to appropriate persons on the mailing list.

c. Issuance of the Permit When No Public Hearing is Held

If no public hearing is held, and, after review of the comments received, the Permit Board's determinations are substantially unchanged, the permit will be issued and become effective immediately.

If no public hearing is held, but there have been substantial changes, public notice of the Permit Board's revised determinations will be made. Following a 30-day comment period, the permit will be issued and become effective immediately, unless a public hearing is granted.

State of Mississippi Water Pollution Control PERMIT



TO DISCHARGE WASTEWATER IN ACCORDANCE WITH THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

THIS CERTIFIES THAT

CITY OF MERIDIAN
(NAS FACILITY / SEQUENTIAL BATCH REACTOR)

has been granted permission to discharge wastewater into

Sowashee Creek

in accordance with effluent limitations, monitoring requirements and other conditions set forth in Parts I, II, and III hereof. This permit is issued in accordance with the provisions of the Mississippi Water Pollution Control Law (Section 49-17-1 et seq., Mississippi Code of 1972), and the regulations and standards adopted and promulgated thereunder, and under authority granted pursuant to Section 402(b) of the Federal Water Pollution Control Act.

MISSISSIPPI ENVIRONMENTAL QUALITY PERMIT BOARD

AUTHORIZED SIGNATURE
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Issued: July 1, 1999

Expires: July 12, 2004

Permit No. MS0055735

PART I

A. FINAL EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. During the period beginning upon permit issuance, and lasting until July 12, 2004, the permittee is authorized to discharge from outfall serial number 001.

Such discharges shall be limited and monitored by the permittee as specified below:

	PARAMETER		DISCHARG	E LIMITATION	ıs	MONITO	ORING REQUIRE	MENTS
		Monthly Average (lbs/d	Maximum Weekly Average day)	Monthly	Maximum Weekly Average	Measurement Frequency	Sample Type	Sampling Point
•	Flow-MGD			1.0		Daily	Continuous	Effluent
	Biochemical Oxygen							Ellideut
	Demand (5-day)	83	125	10 mg/l	15 mg/l	1 Day/Week	24-Hr Comp	Influent & Effluent
	Suspended Solids	250	375	30 mg/l	45 mg/l	1 Day/Week	24-Hr Comp	Influent & Effluent
	Ammonia Nitrogen	17	25	2 mg/l	3 mg/l	1 Day/Week	24-Hr Comp	Influent & Effluent
	Fecal Coliform Bacteria, Geometric Mean (per 100 ml)					•	Comp	influent & Effluent
	(May - October)			200 Col	400 Col	1 Day/Week	Grab	Effluent
	(November - April)	'		2000 Col	4000 Col	1 Day/Week	Grab	Effluent
	Chlorine, Total Residual			0.015 mg/l	0.026 mg/l	Daily	Grab	Effluent

- 2. The effluent shall not cause an accumulation of solids or sewage sludges in the receiving stream.
- 3. There shall be no discharge of floating solids or visible foam in other than trace amounts.
- 4. The effluent shall not cause a visible sheen on the receiving water.

A. (Continued)

- 5. The pH shall not be less than 6.5 standard units nor greater than 9.0 standard units and shall be monitored daily with a grab sample of the effluent.
- 6. In addition to the specified limits, the monthly average effluent BOD (5-Day) and suspended solids concentration shall not exceed 15 percent of the respective monthly average influent concentrations.
- 7. The 30-minute settleability test for the aeration basin(s) shall be monitored **daily** and the monthly minimum and maximum values reported.
- 8. The aeration basin(s) dissolved oxygen shall be monitored daily and the monthly minimum and maximum values reported.
- 9 The dissolved oxygen shall not be less than 6.0 mg/l and shall be monitored 1 day/week with a grab sample of the effluent.
- 10. The toxicity of the effluent shall be monitored as described in Part III.C.
- 11. The ambient dissolved oxygen concentration of the receiving stream shall be monitored 1 day/week at approximately 10:00 a.m. at a point located approximately 1.6 rivermiles downstream of the discharge location in mid-channel and the minimum and maximum values reported on the Discharge Monitoring Report with an attached summary page of all values.

B. SCHEDULE OF COMPLIANCE

 The permittee shall achieve compliance with the effluent limitations specified for discharge in accordance with the following schedule:

Beginning the issuance date of this permit, the permittee shall achieve compliance with the effluent limitations specified on Pages 2 and 3 of this permit.

No later than 10 calendar days following a date identified in the above schedule of compliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

C. MONITORING AND REPORTING

1. Representative Sampling

Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored discharge.

2. Reporting

Monitoring results obtained during the previous month shall be summarized and reported on a Discharge Monitoring Report Form (EPA No. 3320-1) POSTMARKED NO LATER THAN THE 28TH DAY OF THE MONTH FOLLOWING THE COMPLETED REPORTING PERIOD. THE FIRST REPORT IS DUE ON AUGUST 28, 1999. Copies of these, and all other reports required herein, shall be signed in accordance with Sections 6 and 7 of the Mississippi Wastewater Permit Regulations, and shall be submitted to the Mississippi Environmental Quality Permit Board at the following address.

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY OFFICE OF POLLUTION CONTROL P. O. Box 10385

Jackson, Mississippi 39289-0385

3. Test Procedures

Test procedures for the analysis of pollutants shall conform to regulations published pursuant to Section 304(h) of the Federal Water Pollution Control Act, as amended.

4. Recording of Results

For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall record the following information:

- (a) The exact place, date, and time of sampling;
- (b) The dates the analyses were performed;
- (c) The person(s) who performed the analyses;
- (d) The analytical techniques or methods used; and
- (e) The results of all required analyses.

5. Records Retention

(a) All records and information resulting from the monitoring activities required by this permit (including all records of; analyses performed; calibration and maintenance of instrumentation; and recording from continuous monitoring instrumentation) shall be retained for a minimum of three (3) years, or longer if requested by the Permit Board.

(b) The permittee shall furnish to the Permit Board, upon request, copies of records required to be kept by this permit.

6. Definitions

- (a) The "monthly average" (applicable to municipal and domestic permits), other than for fecal coliform bacteria, is the arithmetic mean of all samples collected in a one-month period. The monthly average for fecal coliform bacteria is the geometric mean of all samples collected in a one-month period. In computing the geometric mean, one (1) shall be substituted for sample results of zero.
- (b) The "weekly average" (applicable to municipal permits), other than for fecal coliform bacteria, is the arithmetic mean of all the samples collected during a one-week period. The weekly average for fecal coliform bacteria is the geometric mean of all samples collected during a one-week period. In computing the geometric mean, one (1) shall be substituted for sample results of zero. For self-monitoring purposes the value to be reported is the single highest weekly average computed during a one-month period.
- (c) The "daily average" (applicable to industrial permits), other than for fecal coliform bacteria, is the arithmetic mean of all samples collected in a one-month period. The daily average for fecal coliform bacteria is the geometric mean of all samples collected in a one-month period. In computing the geometric mean, the value one (1) shall be substituted for sample results of zero.
- (d) The "daily maximum" (applicable to industrial and domestic permits), is the highest value recorded of any sample collected on any single day of the calendar month.

D. OTHER STANDARD CONDITIONS

1. Total Residual Chlorine Monitoring Conditions

The method of analysis for each sample shall be amperometric titration, DPD colorimetric, or specific ion electrode as specified in the test procedures for Analysis of Inorganic Pollutants, 40 CFR, Part 136, Table 1B.

For each sampling period, the limit of detection shall be no greater than 0.1 mg/l. If an analysis for a given sample results in a measurement of "less than the limit detection", then the reported value shall be reported as "none detected".

PART II

A. MANAGEMENT REQUIREMENTS

Change in Discharge

All discharges authorized herein shall be consistent with the terms and conditions of this permit. The discharge of any pollutant identified in this permit more frequently than or at a level in excess of that authorized shall constitute a violation of the permit. Any anticipated facility expansions or treatment modifications which will result in new, different, or increased discharges of pollutants must be reported by submission of a new NPDES application. If such changes will not violate the effluent limitations specified in this permit, and upon written notice (in lieu of a new NPDES application) to the Mississippi Environmental Quality Permit Board, the permit may be modified to specify and limit any pollutants not previously limited.

2. Duty to Comply 40 CFR 122.41(a)

The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Clean Water Act and is grounds for enforcement action; for permit termination, renovation and reissuance, or modification; or for denial of a permit renewal application.

Noncompliance Notification

If, for any reason, the permittee does not comply with or will be unable to comply with any provision specified in this permit, the permittee shall notify the Mississippi Environmental Quality Permit Board orally within 24 hours of becoming aware of such conditions. A written report shall also be provided within five (5) days of such time and shall contain the following information:

- a. A description of the discharge and cause of noncompliance; and
- b. The period of noncompliance, including exact dates and times; or if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate and prevent recurrence of the noncomplying discharge.

4. Facilities Operation

The permittee shall at all times maintain in good working order and operate as efficiently as possible all treatment or control facilities or systems installed or used by the permittee to achieve compliance with the terms and conditions of this permit.

5. Adverse Impact

The permittee shall take all reasonable steps to minimize or prevent any discharge in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment.

6. Bypassing

Any diversion from or bypass of wastewater collection and treatment facilities is prohibited, except (i) where unavoidable to prevent loss of life or severe property damage, or (ii) where excessive storm drainage or runoff would damage any facilities necessary for compliance with the effluent limitations and prohibitions of this permit.

The permittee shall notify the Mississippi Environmental Quality Permit Board orally of each such diversion or bypass within 24 hours of the diversion or bypass, or if the need for the bypass is known in advance, it shall submit prior notice, if possible, at least ten (10) days before the date of the bypass.

7. Upsets 40 CFR 122.41(n)

- a. Definition. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
- b. Effect of an upset. An upset constitutes an affirmative defense to an action brought for noncompliance with such technology based permit effluent limitations if the requirements of paragraph (c) of this section are met. No determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, is final administrative action subject to judicial review.
- c. Conditions necessary for demonstration of upset. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - An upset occurred and that the permittee can identify the cause(s) of the upset;
 - (2) The permitted facility was at the time being properly operated; and

- (3) The permittee submitted notice of the upset as required in 40 CFR 122.41 (L)(6)(ii)(B) (24 hour notice of noncompliance).
- (4) The permittee complied with any remedial measures required under 40 CFR 122.41 (d) (duty to mitigate).
- d. Burden of proof. In any enforcement proceeding the permittee seeking to establish the occurrence of an upset has the burden of proof.

8. Removed Substances

Solids, sludges, filter backwash, or other residuals removed in the course of treatment or control of wastewater shall be disposed of in a manner such as to prevent such materials from entering State waters and in a manner consistent with the Mississippi Solid Waste Disposal Act and the Federal Resource Conservation and Recovery Act.

9. Power Failures

In order to maintain compliance with the effluent limitations and prohibitions of this permit, the permittee shall either:

- a. In accordance with the Schedule of Compliance contained in Part I, provide an alternate power source sufficient to operate the wastewater collection and treatment facilities, or, if such alternate power source is not in existence, and no date for its implementation appears in Part I;
- b. Provide a method whereby the effluent limitations contained in Part I shall be met upon the reduction, loss, or failure of the primary source of power to the wastewater collection and treatment facilities.

B. RESPONSIBILITIES

1. Right of Entry

The permittee shall allow the Mississippi Environmental Quality Permit Board and the Regional Administrator of the U. S. Environmental Protection Agency and/or their authorized representatives, upon the presentation of credentials.

a. To enter upon the permittee's premises where an effluent source is located or in which any records are required to be kept under the terms and conditions of this permit; and

- b. At reasonable times to have access to and copy any records required to be kept under the terms and conditions of this permit; to inspect any monitoring equipment or monitoring method required in this permit; and to sample any discharge of pollutants.
- 2. Transfer of Ownership or Control

This permit is not transferable to any person except after proper notice and approval by the Permit Board. In the event of any change in control or ownership of facilities from which the authorized discharges emanate, the permittee shall notify the Mississippi Environmental Quality Permit Board at least thirty (30) days in advance of the proposed transfer date. The notice should include a written agreement between the existing and new permittees containing a specific date for the transfer of permit responsibility, coverage, and liability.

3. Signatory Requirements 40 CFR 122.41(k)

All applications, reports, or information submitted to the Permit Board shall be signed and certified.

- a. All permit applications shall be signed as follows:
 - (1) For a corporation: by a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means: (1) a president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision—making function for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding 25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
 - (2) For a partnership or sole proprietorship: by a general partner or the proprietor, representatively; or
 - (3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official.
- b. All reports required by the permit and other information requested by the Permit Board shall be signed by a person described above or by a duly authorized representative of that person. A person is a duly authorized representative only if:
 - (1) The authorization is made in writing by a person described above;

- (2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position.); and
- (3) The written authorization is submitted to the Permit Board.
- c. Changes to authorization. If an authorization under paragraph (b) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of paragraph (b) of this section must be submitted to the Permit Board prior to or together with any reports, information, or applications.
- d. Certification. Any person signing a document under paragraphs (a) or (b) of this section shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

4. Availability of Records

Except for data determined to be confidential under the Mississippi Water Pollution Control Law, all reports prepared in accordance with the terms of this permit shall be available for public inspection at the office of the Mississippi Department of Environmental Quality Office of Pollution Control.

5. Permit Modification

- a. The permittee shall furnish to the Permit Board within a reasonable time any relevant information which the Permit Board may request to determine whether cause exists for modifying, revoking and reissuing, or terminating the permit, or to determine compliance with the permit.
- b. Upon sufficient cause this permit may be modified, revoked, reissued, or terminated during its term.
- c. The filing of a request by the permittee for a permit modification, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.

6. Toxic Pollutants

The permittee shall comply with any toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) established under Section 307(a) of the Federal Water Pollution Control Act.

7. Toxic Pollutants Notification Requirements

The permittee shall comply with the applicable provisions of 40 CFR 122.42.

8. Civil and Criminal Liability

- a. Any person who violates a term, condition or schedule of compliance contained within this permit or the Mississippi Water Pollution Control Law is subject to the actions defined by law.
- b. Except as provided in permit conditions on "Bypassing" and "Upsets" (Part II, A-6 and 7), nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance.
- c. It shall not be the defense of the permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.

9. Oil and Hazardous Substance Liability

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee is or may be subject to under Section 311 of the Federal Water Pollution Control Act and applicable provisions of the Mississippi Water Pollution Control Law pertaining to spills of oil and hazardous materials.

10. Property Rights

The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State, or local laws or regulations.

11. Severability

The provisions of this permit are severable, and if any provision of this permit, or the application of any provision of this permit to any circumstance, is held invalid, the application of such provision to other circumstance, and the remainder of this permit, shall not be affected thereby.

12. Expiration of Permit

The permittee shall not discharge after the expiration date of this permit unless he has submitted a completed application for reissuance no later than 180 days prior to the expiration date. The Head of the Office of Pollution Control may grant permission to submit an application later than this, but no later than the expiration date of the permit.

13. Certified Operator

The permittee shall provide written notification to the Mississippi Commission on Environmental Quality no later than thirty (30) days after the loss of the permittee's certified operator.

PART III

A. REOPENER CLAUSE

This permit shall be modified, or alternately, revoked and reissued, to comply with any applicable effluent standard, limitation or stormwater regulation issued or approved under Section 301(b)(2)(C), and (D), 304(b)(2), 307(a)(2) and 402(p) of the Federal Water Pollution Control Act if the effluent standard, limitation or regulation so issued or approved:

- Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or
- Controls any pollutant not limited in the permit.

B. CLOSURE REQUIREMENTS

Should the permittee decide to permanently close and abandon the premises upon which it operates, it shall so notify the Permit Board no later than 90 days prior to doing so. Accompanying this notification shall be a closure plan which describes how and when all manufactured products, by-products, raw materials, stored chemicals, and solid and liquid waste will be removed from the premises such that they will present no potential environmental hazard to the area. Abandonment of the site without providing proper notification as required herein, or without completing all aspects of the closure plan, will constitute a violation of this permit and may result in penalties of up to \$25,000.

C. CHRONIC WHOLE EFFLUENT TOXICITY MONITORING REQUIREMENTS

The Water Quality Standards of Mississippi require that all waters be free from substances in concentrations or combinations which are harmful to humans, animals, or aquatic life (State of Mississippi, Water Quality Criteria for Intrastate and Coastal Waters, Section II.4., Minimum Conditions Applicable to All Waters, page 3, adopted March 22, 1990). In accordance with such requirements, the permittee is authorized to discharge from outfall(s) 001 only in accordance with the following conditions:

1. The permittee shall submit any existing toxicity data for review by the Mississippi Office of Pollution Control within 30 days of the effective date of this permit.

- 2. The permittee shall perform 7-day chronic, static renewal, definitive (a control and five effluent concentrations) WET tests in accordance with Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms, (EPA/600/4-91/002) or Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms, (EPA/600/4-87/028) or the most recent edition.
 - Dilution water used for these tests shall consist of reagent grade water, defined as distilled or deionized water that does not contain substances which are toxic to the test organisms. For freshwater tests, dilution water shall consist of reagent grade chemicals or mineral water combined to make moderately hard dilution water according to Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms (EPA/600/4-89/001) or most recent edition. For estuarine testing, dilution water shall consist of synthetic seawater or hypersaline brine combined to achieve a salinity of 20 parts per thousand according to Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms (EPA/600/4-87/028) or most recent edition. These dilution waters will be deemed acceptable if the control organisms in the toxicity tests meet the minimum EPA criteria for chronic tests.
 - If the Mississippi Office of Pollution Control determines the receiving waters are freshwater, the permittee shall conduct a Ceriodaphnia dubia Survival and Reproduction Test, and a Pimephales promelas Larval Survival and Growth Test on serial dilutions of effluent to determine if the discharge from outfall(s) 001 is chronically toxic. Such testing will determine if the water affects the survival, growth, and reproduction of the test organisms. Static renewal tests will be conducted on three 24-hour composite samples of effluent. The first of these composite samples will be used to set up the tests and for the day 1 and day 2 renewals, the second of these composite samples will be used to renew the tests on days 3 and 4, and the third composite sample will be used to renew the tests on days 5 and 6. Not more than 36 hours will elapse between sampling and the first use of any of the composite samples. The chronic test(s) shall be considered valid only if the acceptability criteria referenced in Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms, (EPA/600/4-91/003), or the most recent edition', are met. All data shall be statistically analyzed according to the referenced manual.

- If the Mississippi Office of Pollution Control determines that the receiving water is estuarine, the permittee shall conduct a Menidia beryllina Larval Survival and Growth Test and a Mysidopsis bahia Survival, Growth, and Fecundity Test on serial dilutions of effluent to determine if the discharge from outfall(s) 001 is chronically toxic. Such testing will determine if the water affects the survival, growth, and fecundity of the test organisms. Static renewal tests will be conducted on three 24-hour composite samples of effluent. The first of these composite samples will be used to set up the tests and for the day 1 and day 2 renewals, the second of these composite samples will be used to renew the tests on days 3 and 4, and the third composite sample will be used to renew the tests on days 5 and 6. Not more than 36 hours will elapse between sampling and the first use of any of the composite samples. The chronic test(s) shall be considered valid only if the acceptability criteria referenced in Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms, (EPA/600/4-87/028) or most recent edition are met. All test data shall be statistically analyzed according to the referenced manual.
- A standard reference toxicant quality assurance test d. (chronic) shall be conducted concurrently with the effluent tests using both species used in the toxicity tests. Alternatively, if a lab conducts monthly QA/QC reference toxicant tests with both species as part of their SOP, these results may be submitted in lieu of the above mentioned concurrent tests results. In either case, the reference toxicant test results must be submitted with the final report as well as on the Mississippi Office of Pollution Control NPDES Whole Effluent Toxicity Testing Report Form within two weeks of test completion. Final chronic toxicity test results shall be in report form as outlined in Methods for Measuring the Acute Toxicity of Effluents to Freshwater and Marine Organisms, Fourth Edition, (EPA-600/4-90/027F) or most recent edition*.
- 3. These chronic toxicity tests shall be initiated within 90 days of the date of issuance of the permit to evaluate wastewater toxicity. Such chronic toxicity tests shall be conducted once per quarter for a period of one year following the effective date of the permit. After the first year of testing, the frequency of monitoring may be reduced to once per six months for the life of the permit. Sampling shall be timed to cover the seasonal extremes of the year (hot-dry and cold-wet).

Page 16 Permit No. MS0055735

In addition to the specific conditions of this permit, the permittee shall comply with all applicable conditions of 40 CFR 122.7 and 40 CFR 122.61 (06-03-93).

*Contact the Mississippi Office of Pollution Control Laboratory for information on most recent edition(s) of methods manual.

PART IV

A. SLUDGE MANAGEMENT REQUIREMENTS

- 1. <u>General Compliance</u>: The permittee shall comply with all existing Federal and State laws and regulations that apply to its sewage sludge use and disposal practice(s), with the Mississippi Nonhazardous Waste Management Regulations and with the CWA Section 405 (d) technical standards when promulgated.
- 2. Reopener: If an applicable "acceptable management practice" or numerical limitation for pollutants in sewage sludge promulgated under Section 405(d)(2) of the Clean Water Act, as amended by the Water Quality Act of 1987, is more stringent than the sludge pollutant limit or acceptable management practice in this permit, or controls a pollutant not limited in this permit, this permit shall be promptly modified or revoked and reissued to conform to the requirements promulgated under Section 405(d)(2). The permittee shall comply with the limitations by no later than the compliance deadline specified in the applicable regulations as required by Section 405(d)(2)(D) of the Clean Water Act.
- 3. <u>Notice of Change in Sludge Disposal Practice</u>: The permittee shall give prior notice to the Director of any change(s) planned in the permittee's sludge use or disposal practice.
- 4. <u>Cause for Modification</u>: 40 CFR 122.62(a)(1) provides that the following is a cause for modification but not revocation and reissuance of permits except when the permittee requests or agrees.

Alterations: There are material and substantial changes or additions to the permitted facility or activity which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit.

PART V

A. PRETREATMENT REQUIREMENTS

- 1. This permit shall be modified, or alternately revoked and reissued by a date to be determined to incorporate an approved municipal pretreatment program as required under Section 402(b)(8) of the Federal Water Pollution Control Act and implementing regulations or by the requirements of the approved State pretreatment program, as appropriate.
- 2. Effluent limitations from this discharge are listed in Part I of this permit. If it becomes apparent that other pollutants attributable to inputs from major contributing industries using the municipal system are also present in the permittee's discharge, this permit may be revised to specify effluent limitations for any or all of such other pollutants in accordance with best practicable technology or water quality standards.
- Under no circumstances shall the permittee allow introduction of the following wastes or pollutants into the waste treatment system.
 - a. Pollutants which create a fire or explosion hazard in the treatment works;
 - b. Pollutants which will cause corrosive structural damage to treatment works; but in no case discharges with a pH designed lower than 5.0, unless the works are specifically designed to accommodate such discharges;
 - c. Solids or viscous substances in amounts which cause obstructions to the flow in sewer or interference with the proper operation of the treatment works;
 - d. Wastewaters at a flow rate and/or pollutant discharge rate which is excessive over relatively short time periods so as to cause a loss of treatment efficiency;
 - e. Heat in amounts which will inhibit biological activity in the treatment works resulting in interference, but in no case heat in such quantities that the temperature of the influent exceeds 40 degrees Celsius (104 degrees Fahrenheit), unless approval for alternate limits has been granted by the Permit Board.



STATE OF MISSISSIPPI

DEPARTMENT OF ENVIRONMENTAL QUALITY JAMES I. PALMER, JR. EXECUTIVE DIRECTOR

MEMORANDUM

To: 🕤	REG BURGE	SS Project B	Ingineer (MPC	B/ IPCB/CPCB/MC B)	
	Randy Reed, Ch:				
Date:_	Sep. 30, 190	D			
	WASTELOAD :	ALLOCATION FOR	NPDES PERMI	T LIMITS	
Facili	ty: MERID	1AN- PR	OPOSED 7	42_	
NPDES	Permit No.: MS				
city:	MERIDIAN	County: LA	u DELDALE Ba	sin: PASCAGOUA	
Receiv	ing Water: Sou	ASMEE C	REEK	THE CACOO	<u></u> T
				10: 0.50	 :fs
Please	include the fo	llowing limits Annual	Summer 3	S permit :	
	Discharge(mgd)	1.0	(may - occ)	(NOV - Apr)	
	BODS (mg/l)	10			
	NH3-N (mg/l)	2′			
	Min.D.O. (mg/l)	6			
	F.C. (col/100ml)	→>	200	2000 MM	
	Cl2 (mg/l)	0.015		•	
comment will be		dation Police	le view, ut	sen approved	_
bont 1.	6 RM D/c requis		homonitain	for NH, - H toxici	<u>;</u>
عوستمط	, according www.	Reg (charta 2, WQAB Project I	凹A,Lc(いん))。 Engineer:	S. Makera	7

Branch Chief:

CC: GLENN CDOM Chief (MPCB/IPCB/CPCB/MCB)OFFICE OF POLLUTION CONTROL, P. O. BOX 10385, JACKSON, MS 39289-0385, (601) 961-5171



PUBLIC NOTICE

Mississippi Environmental Quality Permit Board
P. O. Box 10385
Jackson, MS 39289-0385
Telephone No. (601)961-5171

June 1, 1999

The City of Meridian, P. O. Box 1430, Meridian, Mississippi 39302-1430 has applied to the Mississippi Environmental Quality Permit Board for the issuance of an NPDES Permit to discharge treated domestic wastewater from its NAS wastewater treatment facility into Sowashee Creek. The applicant's operation is the collection and treatment of domestic wastewater. One discharge is described in the application.

The environmental impact of this project has been evaluated in accordance with the applicable regulations and antidegradation policy and the staff of the Permit Board believes that, with proper environmental constraints and limitations on the applicant, this project will operate within all State and Federal environmental laws and standards. Therefore, the staff of the Board has preliminarily decided, based on available information, to recommend to the Board that a permit be issued containing numerous environmental regulatory constraints specifically stated in the draft permit. However, before proceeding further with the staff evaluation, public comments are being solicited. The staff recommendation to the Board, as well as the Board decision, will be made only after a thorough consideration of all public comments.

Persons wishing to comment upon or object to the proposed determinations are invited to submit comments in writing to Mr. Glenn Odom at the Permit Board's address shown above, no later than June 30, 1999. All comments received by that date will be considered in the formulation of final determinations regarding the application. A public hearing will be held if the Permit Board finds a significant degree of public interest in the proposed permit.

Additional details about the application and the proposed determination, a sketch showing the location of the discharge, and a copy of the draft permit are available by writing or calling Mr. Glenn Odom at the Permit Board's address and telephone number shown above. Also, this and other information is available for review and copying during normal business hours at the Southport Center Building located at 2380 Highway 80 West, Jackson, MS.

Please bring the foregoing to the attention of persons whom you know will be interested.

PE ACTION: (check one	•			FORM A REVE
Reissuance XX New	Source	Issuance	lodification	OMB No.
NATIC APPL	NAL POLL	UTANT DISCHARGE ELII OR PERMIT TO DISCHAR	MINATION SYSTEM GE WASTEWATER	FOR AGENCY USE
	STANI	DARD FORM A — MUI	NICIPAL (1)	GEINED
SE	CTION L A	PPLICANT AND FACILIT	Y DESCRIPTION	
Unless otherwise specified on this form a	•			1AY 1 8 1999 U
ADDITIONAL INSTRUCTIONS FOR SE BOOKLET BEFORE FILLING OUT THE		MS APPEAR IN SEPARATE II	ISTRUCTION BOOKLET AS	INDICATED. REFER TO
		Please Print or Type	, D	E0 - GPC
	B0024	City of Meridian	ı, Mississippi	
Legal Name of Applicant (see instructions)	161 _	· · · · · · · · · · · · · · · · · · ·		
	-			
2. Mailing Address of Applicant (see Instructions)		•	•	
Number & Street	1922 _	City of Meridian	·	
City	1025 _	Post Office Box	1430	
State	1520	Meridian. Missis	sinni	
		39302-1430	<u> </u>	
Zip Code	1024 _	<u></u>		
 Applicant's Authorized Agent (see instructions) 		M D D 77 4.6		
Name and Title	103a _	Mr. Ben E. Wolfe		
	-	Director of Publ	ic Works	
Number & Street	1936 _	City of Meridian		
City	1020 _	Post Office Box	1430	
•		Meridian, Missis		
State	1936 _		31pp1	
Zip Code	1024 _	39302-1430		
Telephone	1037	601 485-1920		
. Previous Application		Area Number Code		
If a previous application for a per- mit under the National Pollutant				
Discharge Elimination System has been made, give the date of		99 5 14		
application.	100	YR MO DAY		
cortify that I am familiar with the inform	nation contain	ed in this application and that t	o the best of my knowledge a	nd belief such information
true, complete, and accurate.	•			.•
John Robert Smith		1020	Mayor	
Printed Name of Person	Signing		Title	•
10 100 m	Cal	er viver	\sim \sim 1	
Kul Glocis It True	M		7 <u>7.5</u> L	<u> </u>
Signature of Applicant or Au	thorized Agen	1024	YR MO DAY Date Application Si	/ gned
8 U.S.C. Section 1001 provides that:			*4	*.
hoever, in any matter within the jurisdic	tion of any de	partment or agency of the Unite	ed States knowingly and wilfu	lly falsifies, conceals or
overs up by any trick, scheme, or device o ses any false writing or document knowir	a material fact,	, or makes any false, fictitious o	r fraudulent statement or repr	resentation, or makes or
10,000 or imprisoned not more than five	years, or both	ium uny juise, jiennious or jrau n !.		u ve jineu noi more inan
·			•	
		FOR AGENCY USE	22 Co. 200 200 200 200 200 200 200 200 200 20	
· ·		ON AGENCY USE	OFFICE: _	EPA Region Number
leceived			्राच्या च्या विकास विकास व स्थापन	State
YR MO DAY			Andrews and Administration	
PA Form 7550-22 (7-73)	. *	. I-1		section contains 4 page
,				Joing 4 hab

FOR	A	GΕ	NC	Y	U!	SΕ
		brack I				

acility (see instruction) live the name, ownership, and physicity the plant or other al location of the plant or other perating facility where discharge(s)	NAS WWTF - City of Meridian, Mississippi
resently occur(s) or will occur.	East of Kansas City Southern RR tracks, north of
	East of Kansas City Southern RR Clubs,
	Sowashee Creek, west of Clear Branch near the
1	Town of Marion, Mississippi.
Ownership (Public, Private or Both Public and Private).	1650 X PUB PRV BPP
Check block if a Federal facility	108e ☐ FED
and give GSA Inventory Control Number	1054
Location:	N/A see above location
Number & Street	
City	1087
County	1044
State	105h
Discharge to Another Municipal Facility (see instructions) a. Indicate if part of your discharge	166a □ Yes ѾXNo
is into a municipal waste trans- port system under another re- sponsible organization. If yes,	
complete the rest of this item and continue with item 7. If no, go directly to item 7.	
b. Responsible Organization Receiving Discharge Name	1060
Number & Street	1645
City	1064
	1060
State	1947
Zip Code	
c. Facility Which Receives Discharge Give the name of the facility (waste treatment plant) which re- ceives and is ultimately respon-	
sible for treatment of the discharger from your facility.	
	104hmgd
d. Average Daily Flow to Facility (mgd) Give your average daily flow into the receiving facility.	highly treated municipal wastew
Facility Discharges, Number and Discharge Volume (see instructions Specify the number of discharges described in this application and the	or less.

volume of water discharged or lost

to each of the categories below.
Estimate average volume per day in million gallons per day. Do not include intermittent or noncontinuous

overflows, bypasses or seasonal dis-charges from lagoons, holding ponds, etc.

	FORM APPROVED OMB No. 158—R010	4
	FOR AGENCY USE	•
		100000
ķ	•	
-		
		•
	•	
	•	
	Actual Population	•
1105	Served	
110b	N/A N/A	

•		. Number of		Total Volume (Discharged.	8.		
•		Discharge Points		Million Gallon				
	Koromentassa. J		koo waxaa aa					
To: Surface Water	10721	<u>_L_</u>	18742		•			
Surface Impoundment with								
no Effluent	10761		10752					
Underground Percolation	10701		1674		•	•		
								•
Weil (Injection)	10741		10742					
Other	19761		10742					
Total Item 7	10711		10712					
If 'other' is specified, describe	10741				•			
If any of the discharges from this						-		
facility are intermittent, such as from overflow or bypass points, or are								
seasonal or periodic from lagoons,								
holding ponds, etc., complete Item 8.								
Intermittent Discharges								
a. Facility bypass points Indicate the number of bypass	1084	0 .			•			
points for the facility that are	8 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
discharge points.(see instructions)							•	
b. Facility Overflow Points		0						
Indicate the number of overflow points to a surface water for the	1089				•			
facility (see instructions).								
c. Seasonal or Periodic Discharge			,	•				
Points indicate the number of	1000					٠		
points where seasonal discharges occur from holding ponds,			•			•		
lagoons, etc.								
Collection System Type	*v.,							
Indicate the type and length (in miles) of the collection system used	109a							
by this facility. (see instructions)								
Separate Storm								
Separate Storm		□ SST						
Separate Sanitary		□ SAN		•				
Combined Sanitary and Storm		□ css						
Both Separate Sanitary and Combined Sewer Systems		□вsc		•			•	
Combined Sower Systems		☐ 63 C						
Both Separate Storm and Combined Sewer Systems	1096							
Combined Sewer Systems		□ssc		•				
Length		12.5 miles			•			
Municipalities or Areas Served		•					Actual 6	Population
(see instructions)	1.		Name	•		_		rved
	110a	Naval Air St	ation.	Meridian		- ::1	N/A	
					'	105 _		
	110a	Lauderdale (Jounty,	MS	1	106	N/A	
	1164].			
· •	1194			 	1	106 _		
	110a				1	105 _		
l	110a					105		
Į.				 -	¹	106 _		
Total Population Served						100		

10.

FOR	AGENC'

11. Average Daily Industrial Flow Total estimated average daily waste flow from all Industrial sources.

<

_<1.0___mg

Note: All major industries (as defined in Section IV) discharging to the municipal system must be listed in Section IV.

12. Permits, Licenses and Applications

List all existing, pending or denied permits, licenses and applications related to discharges from this facility (see instructions)

	Issuing Agency	For Agency Use	Type of Permit or License	ID Number	Date Filed \'R/MO/DA	Date Issued YR/MO/DA	Date Denied YR/MO/DA	Expira Dat YR/MC
112	(3)	(6)	- (c)	- ^(-3f) (d);	(0)	(n	(9)	(h)
1.								
2.				.•				
3.		-						

13. Maps and Drawings
Attach all required maps and drawings to the back of this application. (see instructions)

14. Additional Information

	item Number	Information
	1.	The new facility will replace the aging treatment works
	· .	located on the NAS facility.
L	- <u>-</u>	
L		
<u> </u>		
L	•	

STANDARD FORM A-MUNICIPAL

SECTION II. BASIC DISCHARGE DESCRIPTION

F	01	R /	٩G	E	VC.	Y	US	Ε
						.,		T.
	20	Øx.						ि

Complete this section for each present or proposed discharge indicated in Section i, items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1.	a. Discharge Serial No. (see Instructions)	2012	001	-				٨		
	b. Discharge Name	2015	NAS	WWTF						
	Give name of discharge, if any (see instructions)			-						
	c. Previous Discharge Serial No if a previous NPDES permit application was made for this dis- charge (Item 4, Section I) provide previous discharge serial number.	2014	Prev as i	ious t was	discharge prior to	e did no Clean	t have Water A	NPDES Act.	Permit	•
2.	Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	JOZE	2001 YR M			· · · · · · · · · · · · · · · · · · ·				•
	b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.		N/A YR A	10						
3.	Discharge Location Name the political boundaries within which the point of discharge is located:		Missi	İssipp	oi	·			•	Agency Use
	State	203a.							2004	
	County	2025	Laude	erdale	County			· · · · · · · · · · · · · · · · · · ·	293.	
	(if applicable) City or Town	2034	•		·				2034	
4.	Oischarge Point Description (see instructions) Oischarge is into (check one)			٠			,			
	Stream (includes ditches, arroyos, and other watercourses)	204a X	⊠ STR				•			u.
	Estuary	ı	□ EST							
	Lake	ı	LKE				•	*	4	Į.
	Ocean	I	OCE	,						
• .	Well (Injection)	1] WEL		,	-				
	Other	[] отн				•			• .
	if 'other' is checked, specify type	2045							· 	
	Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)				·	•				
	Latitude	2058	32 88	DEG.	_23 MIN.	14_ SEC	•			
	Longitude	205b -		DEG.	40 MIN.	00 SEC				

DISCHARGE SERIAL NUMBER

FOR	ΑG	Er	1C.	Ϋ, ι	J

						•			•		
6.	Discharge Receiving Water Name Name the waterway at the point of	2500	Sow	ashee	Cree	k	,	• .		•	
	discharge (see instructions)			, .	+ \$		1 1 ton				_
				Agency (900000000000000000000000000000000000000	2060:	For	Agency U	540		
fall or	he discharge is through an out- that extends beyond the shoreline is below the mean low water line, nplete Item 7.	2046							•		
7.	Offshore Discharge			•	et .						
	a. Discharge Distance from Shore b. Discharge Depth Below Water	2074			-	1	1.	1 022 0 1	•		
	Surface	2075			7 9 °C		creek				
	lischarge is from a bypass or an overflow applicable, and continue with item 11.	point or	is a seasor	nal discha	rge fro	m a lagoor	n, holding p	ond, etc., c	omplete ite	ms 8, 9 or 10,	
₽.	Bypass Discharge (see instructions)	•	N/.	A							
	a. Bypass Occurrence Check when bypass occurs	•									
	Wet weather	20041	☐ Yes	□ No						•	
	Dry weather	20912	☐ Yes	□ No						,	
	 Bypass Frequency Give the actual or approximate number of bypass incidents per year. 										
	Wet Weather	20052		times per	r year						
	Dry weather	36814		times pe	r year			•			
	 Bypass Duration Give the average bypass duration in hours. 					•					
	Wet weather	20241		hours							
	Dry weather	265.02		hours,							
	 d. Bypass Volume Give the average volume per bypass incident in thousand gallons. 										
	Wet weather	222.0					er incident				
	Dry weather a. Bypass Reasons Give reasons	203.63		tr	ousand	gallons pe	er incident		•		
	why bypass occurs.	2000	·			· · · · · · · · · · · · · · · · · · ·					-
											_
	Proceed to Item 11.			·							
9.	Overflow Discharge (see instructions)		N/	A							
	a. Overflow Occurrence Check when overflow occurs.										
	Wet weather	209a1	☐ Yes	□ ,No		,					
	Dry weather	20712	□Yes	□ No			•	•	•	•	
	 Overflow Frequency Give the actual or approximate incidents per year. 			,			·				
	Wet weather	20002		times per	year				٠		
	Dry weather	20032	· ——	times per	year						

DISCHARGE SERIAL NUMBER

ł	FC	A		10	Œ1	IC.	Y	US	E
	3			S.	*				1
×			Ž.						34

								• • •		
c.	Overflow Duration Give the average overflow duration in hours.					•			•	
	Wet weather	200e3 _	 -	hours						
	Dry weather	20942 _	·	Hours						
. d	i. Overflow Volume Give the average volume per overflow incident in thousand gallons,	× gra						*	`	
	Wet weather	30841 _		tho	usand gallo	ns per incid	ent			
	Dry weather	20042 _		tho	usand gallo	ns per incid	ent		·	
P	roceed to item 11				•	-				
	easonal/Periodic Discharges									
a.	Seasonal/Periodic Discharge Frequency If discharge is inter- mittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year.	-	t	ilmes per y	ear		•	•		
b.	Seasonal/Periodic Discharge Volume Give the average volume per discharge occurrence in thousand gallons.	2100		tho	usand gallo:	ns per disch	arge occurre	nce		
C.	Seasonal/Periodic Discharge Duration Give the average dura- tion of each discharge occurrence in days.	2300.	d	iays						
d.	Seasonal/Periodic Discharge Occurrence—Months Check the	Daniel 🗆	MAL	□ FEB	MAR					
to.	months during the year when the discharge normally occurs.		APR	MAY	□JUN ·					
•			JUL	☐ AUG	SEP					
			ОСТ	NOV	DEC			•		
11. DI	scharge Treatment				•		•		•	
a.	Discharge Treatment Description Describe waste abatement practices used on this discharge with a brief narrative. (See Instruc-				•	· · · .				
	tions)	_	Th	ie cont	inuous	treatm	ent and	discharge	e of	_
		**************************************	sa	nitary	waste	flows	from NAS	S Meridian	ı_and	_
	*		cu	rrentl	y unid	<u>entifie</u>	d reside	ential and	l light	
			co	mmerci	al sou	rces be	tween th	ne NAS Mer	idian	
			_ fa	cility	and th	he trea	tment wo	rks.		
	. A				,					_
•	٧	_	Tr	eatmen	t to be	e by tr	eatment	works pre	sented on	_
								activate		_
	•	_						qualizati		_
	*	_	ae	ration	, UV di	isinfec	tion).		·	_

FOR	AG	EN	CY	ÚS

b. Discharge Treatment Codes Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible. Separate all codes with commas except where slashes are used to designate parallel operations.

211b	s,	sc,	м,_А	s, _P ,	_L,-I	<u>Α, Ι</u>	, D A
							

If this discharge is from a municipal waste treatment plant (not an overflow or bypass), complete items 12 and 13

- 12. Plant Design and Operation Manuals
 Check which of the following are currently available
 - a. Engineering Design Report
 - b. Operation and Maintenance Manual
- 13. Plant Design Data (see instructions)
 - a. Plant Design Flow (mgd)
 - b. Plant Design BOD Removal (%)
 - c. Plant Design N Removal (%)
 - d. Plant Design P Removal (%)
 - e. Plant Design SS Removal (%)
 - Plant Began Operation (year)
 - Plant Last Major Revision (year)

3-400000000						_
2000000A						
/////						
						_
					,	
						_

						_
00000000000000000000000000000000000000				• • •		
				•		
						•
		. 1				
				•		
2124						

2129						
	 -					
	1.0					
2136	1.0	mgd				
20x40x3xxx20						
	. 96					
2135		%				
Sec. 2004						
	. 92					
2178	. 92	%				
Similar de						
		•				
	N/A					
2136	11/11	%				
Shoot-doctool()						
	85					
2120	0.5	%				
86-36-0-000						
	Anticip		01/20	Λ1		
	Anticir	ated	01/20	OΤ		
2137	MILLICIP					
	N/A					
	. 11/11					
Same and the						

FOR AGENCY USE

14. Description of Influent and Effluent (see instructions)

	Influent			Effluent			
Parameter and Code	Annual Average Value	Annual Average Value	Lowest Monthly Average Value	Highest Monthly Average Value	G. Frequency of Analysis	Number of Analyses	Sample Type
Flow Million gallons per day 50050	1.0	1.0		-			
pH Units 00400	X	X					
Temperature (winter) F 74028	50	41				·	
Temperature (summer) ° F 74027	86	95					
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)	\times	\times	\times				
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)	X		X				
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)	X	X					
BOD 5-day mg/l 00310	225	10					
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)							
OR Total Organic Carbon (TOC) mg/1 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine—Total Residual mg/1 50060	0) 0.015					

FOR AGENCY US

14. Description of Influent and Effluent (see instructions) (Continued)

	Influent			Effluent			
Parameter and Code	Annual Average Value	S Annual Average Value	E Lowest Monthly Average Value	Highest Monthly Average Value	Frequency of Analysis	S Number of Analyses	Sample Type
Total Solids mg/l 00500							
Total Dissolved Solids mg/l 70300		·	·			. '	
Total Suspended Solids mg/l 00530	200	30			·		
Settleable Matter (Residue) ml/l 00545	-						
Ammonia (25 N) mg/l 00610 (Provide if available)	25	2		·			
Kjeldahl Nitrogen mg/l 00625 (Provide if available)			•		•		
Nitrate (as N) mg/l 00620 (Provide if available)							·
Nitrite (as N) mg/l 00615 (Provide if available)							
Phosphorus Total (as P) mg/l 00665 (Provide if available)	·						-
Dissolved Oxygen (DO) mg/1 00300	\times	>6.0				,	

DISCHARGE SERIAL NUMBER



15. Additional Wastewater Characteristics

Check the box next to each parameter if it is present in the effluent. (see instructions)

Parameter (215)	Present	Farameter (215)		Parameter (215)	Present
Bromide 71870		Cobalt 01037		Thallium 01059	
Chloride 00940		Chromium 01034		Titanium 01152	
Cyanide 00720		Copper 01042		Tin 01102	
Fluoride 00951		Iron 01045		Zinc 01092	
Sulfide 00745		Lead 01051		Algicides* 74051	
Aluminum 01105		Manganese 01055		Chlorinated organic compounds* 74052	
Antimony 01097		Mercury 71900		Oil and grease 00550	
Arsenic 01002		Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067		Phenois 32730	
Barium 01007		Selenium 01147		Surfactants 38260	
Boron 01022		Silver 01077		Radioactivity* 74050	
Cadmium 01027					

^{*}Provide specific compound and/or element in Item 17, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels, 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

16. Plant Controls Check if the follow-ing plant controls are available for this discharge

Alternate power source for major pumping facility including those for collection system lift stations

Alarm for power or equipment failure



	٠
FOR AGENCY	/ US:
and court outs your large or	

	Item Number	Information
-		
_		
	<u> </u>	<u> </u>
	,	
	· · · · · · · · · · · · · · · · · · ·	
		
	<u> </u>	
	·	
	<u>-</u>	
	*	
	,	

STANDARD FORM A-MUNICIPAL

OMB No. 158-F

SECTION IIL SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION

This section requires information on any uncompleted implementation schedule which has been imposed for construction of waste treatment facilities. Requirement schedules may have been established by local, State, or Federal agencies or by court action. If YOU ARE SUBJECT T SEVERAL DIFFERENT IMPLEMENTATION SCHEDULES, EITHER BECAUSE OF DIFFERENT LEVELS OF AUTHORITY IMPOSING DIFFERENT SCHEDULES (ITEM 1b) AND/OR STAGED CONSTRUCTION OF SEPARATE OPERATIONAL UNITS (ITEM 1c), SUBMIT /

 • • • •	in prove ments required
2.	Discharge Serial Numbers Affected List the discharge serial numbers, assigned in Sec- tion II, that are covered by this implementation schedule
b.	Authority imposing Requirement Check the appropriate item inch

b. Authority imposiny Requirement Check the appropriate item indicating the authority for the implementation schedule. If the identical implementation schedule has been ordered by more than one authority, check the appropriate items. (see instructions)

Locally developed plan
Areawide Plan
Basin Plan
State approved implementation schedule
Federal approved water quality standards implementation plan
Federal enforcement procedure or action
State court order
Federal court order

300	Sche	FOR A	GENCY	USE	
301a	0	0	1		
1010	∰LOC □ ARE				
	□ BAS □ SQS □ WQS	٠.		i	
	□ENF □CRT □FED				

c. Improvement Description Specify the 3-character code for the General Action Description in Table II that best describes the improvements required by the implementation schedule. If more than one schedule applies to the facility because of a staged construction schedule, state the stage of construction being described here with the appropriate general action code. submit a separate Section III for each stage of construction planned. Also, list all the 3-character (Specific Action) codes which describe in more detail the pollution abatement practices that the implementation schedule requires.

3-character general action description

3-character specific action descriptions

- 888	×	i
188		١
8.	e de	ĺ
		ľ
		ł
×.	e die	 ł

<u>New</u>

SEC , DIS , FUM,

2. Implementation Schedule and 3. Actual Completion Dates

Provide dates imposed by schedule and any actual dates of completion for implementation steps listed below. Indicate dates as accurately as possible. (see instructions)

Implementation Steps

- a. Preliminary plan complete
- b. Final plan complete
- Financing complete & contract awarded
- d. Site acquired
- e. Begin construction
- f. End construction
- g. Begin Discharge
- h. Operational level attained

2. Schedule (Yr /Mo /Day)

3020	1/1/99
20.5	6 ,30 ,99
2020	9 ,30 ,99
 3026	1/1/99
3024	9/30/99
3421	1/1/01
3022	1/1/01

3. Actual Completion (Yr /Mo /Day)

	, ,
	• •
Section 2	//
	//
200000000000000000000000000000000000000	
	//
	/ /
	 /
	100
	//
3038	//

FOR	MA	PPRO	VED
OMB	No.	158-	R0100

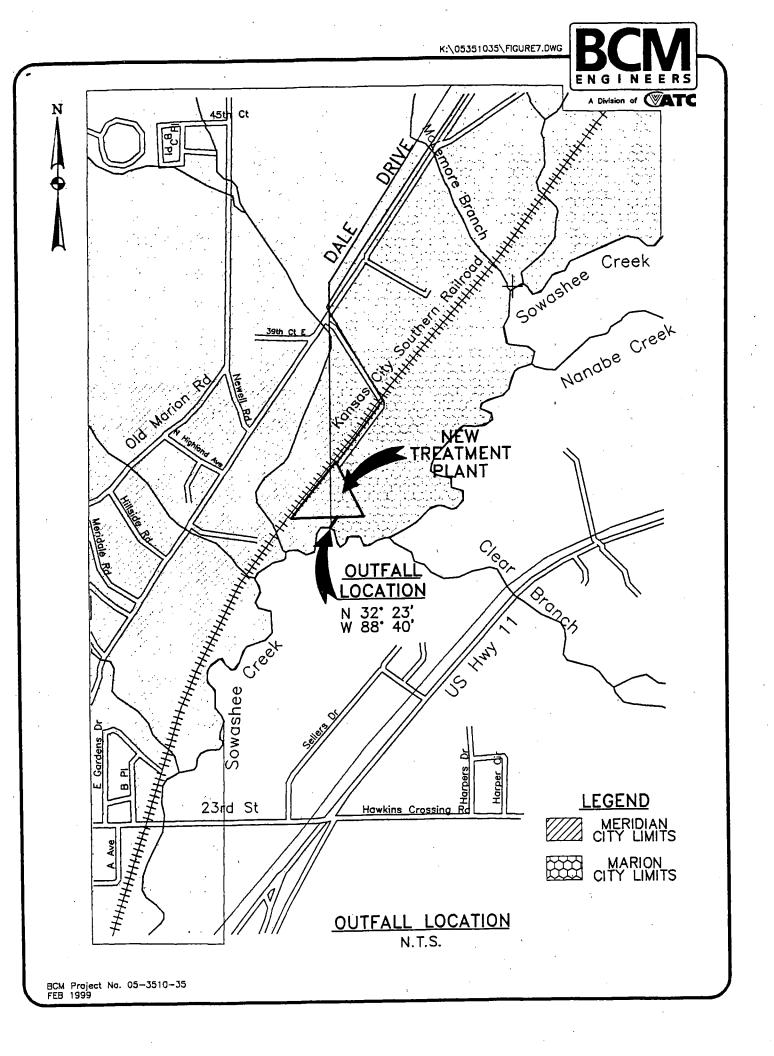
FOR	AG	Er	10	Υı	JSE	

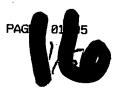
STANDARD FORM A-MUNICIPAL

SECTION IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM.

Submit a description of each major industrial facility discharging to the municipal system, using a separate Section IV for each facility description. Indicate the 4 digit Standard Industrial Classification (SIC) Code for the industry, the major product or raw material, the flow (in thousand gallons per day), and the characteristics of the wastewater discharged from the industrial facility into the municipal system. Consult Table III for standard measures of products or raw materials. (see instructions)

(see instructions)	Pacinty								
Name		401á	NAS Meri	dian				· · ·	· ·
									
Number& Street		401b							
City		401c							
County		401d	<u>Lauderda</u>	le Count	У				
State		401e	<u>Mississi</u>	ppi					
Zip Code	,	4017				•			
Primary Standard In Classification Code Instructions)	dustrial (see	402	——— Military	Air Tra	ining Fa	cility.			
•							Quantity		Units (See Table III)
Product		403a	Pilots	-	e .	4434	N/A	403¢	
Raw Material		403ь				4824	<u> </u>	4031	·
discharged into the n	nunicipal sys-	404a	_1,000_th	ousand gallon	s per day				
and whether this disc	charge is inter-	404b	🔲 Intermittent (I	nt) XXContinu	ious (con)				
pretreatment is provi	ided prior to	405	□Y es	₩ no			•• .	,	
Characteristics of Wa (see instructions)	estewater								
Parameter Name	BOD	TSS	Ammonia	AKL					
404s Parameter Number				<u> </u>					
4005 Value	225	200	25	100	1				
	Number& Street City County State Zip Code Primary Standard In Classification Code Instructions) Principal Product or Material (see Instructions) Characteristics of Witten (see Instructions) Parameter Name Parameter Number	Number& Street City County State Zip Code Primary Standard Industrial Classification Code (see Instructions) Principal Product or Raw Material (see Instructions) Product Raw Material Flow Indicate the volume of water discharged into the municipal system in thousand galions per day and whether this discharge is intermittent or continuous. Pretreatment Provided Indicate if pretreatment is provided prior to entering the municipal system Characteristics of Wastewater (see Instructions) Parameter Name BOD Parameter Number 00310	Number	Number Street Number Street City County State Zip Code Primary Standard Industrial Classification Code (see Instructions) Principal Product or Raw Material (see instructions) Product Flow Indicate the volume of water discharged into the municipal system in thousand gallons per day and whether this discharge is intermittent or continuous. Pretreatment Provided Indicate if pretreatment is provided prior to entering the municipal system Characteristics of Wastawater (see instructions) Parameter RoD TSS Ammonia Parameter Number 00310 00500 00610	Name Automatical Name Automatical Name Automatical Name Automatical Name Automatical Name Name Automatical Name Name	Name Action NAS Meridian	Name A015 NAS Meridian	Name A015 NAS Meridian	Name Aois NAS Meridian







STATE OF MISSISSIPPI

HALEY BARBOUR GOVERNOR

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

CHARLES H. CHISOLM, EXPOUTIVE DIRECTOR

July 29, 2004

Attention: Ms. Dee Stewart

Re:

Meridian NAS POTW

Revisions

Dee.

The following 3-pages of the permit and 1-page of the rationale have been corrected.

In the permit:

- 85% removal statement was added
- Editions regarding bioassays were updated.
- Zinc monitoring was included

In the rationale:

The silver statement was removed.

If you have any questions, please contact me at (601) 961-5601.

Sincerely,

Chad Winter

Environmental Permits Division

Municipal and Private Facilities Branch

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Subject Item:

Outfall 001 (Municipal Wastewater)

RPNT0000000001: MS0055735-001

Such discharges shall be limited and monitored by the permittee as specified below:

			Dis	charge Limits	ations			Mo	nitoring Require	menis
77	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Cone. / Quality Minimum	Cone. / Quality Average	Conc. / Quality Maximum	Conc. / Quality Units	Frequency	Sample Type	Which Month
	201467	###CP4	*****	*****	0.000016 Monthly Average	0.000028 Monthly Meximum	mg/L	monthly	grab sampling	Jan-Dec
<u> </u>	83 Monthly Average	125 Monthly Maximum	pounds per day	201004	10 Monthly Average	15 Monthly Maximum	mg/L	weekly	24-hr composite	Jan-Dec
	Report Monthly Average	Report Monthly Maximum	pounds per day	a production	Report Manthly Average	Report Monthly Maximum	mg/L	weekly	24-hr composite	Jan-Dec
	54444	414+44	*****	85 Minimum	45000.0	******	% removal	monthly	calculations	Jan-Dœ
	Beasse	Shocks	*****	6.0 Minimum	*****	*4000	mg/L	weekly	grab sampling	Jan-Dec
	411111	apetts	225000	Report Minimum	ADRAGE.	Report Maximum	mg/L	daily	grab sampling	Jan-Dec
	*****	*****	Dee rse	6.0 Minimum	FEERE	9.0 Maximum	SU	daily	grah sampling	Jan-Dec
the transport of the second of	*****	李 克兹电子	******	PAGGET	P41440	Report Maximum	mg/L	monthly	grab sampling	Jan-Dec
N Tanan	PPREIS	******	*****	Report Minimum	P4480P	Report Maximum	mg/L	daily	grab sampling	Jan-Dec
And the second of the second o	250 Monthly Average		pounds per day	MAPAPE	Monthly	45 Monthly Maximum	mg/L	weekly	24-hr composite	Jan-Dec

MDEG

92/95

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Narrative Requirements:

Page 18 of 19

Condition

No.

Condition

T-56

Spill Prevention and Best Management Plans

Any permittee which has above ground bulk storage capacity, of more than 1320 gallons or any single container with a capacity greater than 660 gallons, of materials and/or liquids (including but not limited to, all raw, finished and/or waste material) with chronic or acute potential for pollution impact on waters of the State and not subject to Mississippi Hazardous Waste Management Regulations or 40 CFR 112 (Oil Pollution Prevention) regulations shall provide secondary containment as found in 40 CFR 112 or equivalent protective measures such as trenches or waterways which would conduct any tank releases to a permitted treatment system or sufficient equalization or treatment capacity needed to prevent chronic/acute pollution impact. [WPC-1 Chapter One Section IV.A(12)a]

T-57 Reopener Clause

This permit shall be modified, or alternately, revoked and reissued, to comply with any applicable effluent standard, limitation or storm water regulation issued or approved under Section 301(b)(2)(C), and (D), 304(b)(2), 307(a)(2) and 402(p) of the Federal Water Pollution Control Act if the effluent standard, limitation or regulation so issued or approved:

- 1. Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or
- 2. Controls any pollutant not limited in the permit; or
- 3. This permit shall be modified to reflect any additional or otherwise more stringent limitations and additional monitoring as determined to be necessary by the results of a Completed TMDL; or
- 4. This permit be modified by discontinuing Zinc monitoring requirements if results of future Zinc monitoring data demonstrate no reasonable potential to exceed water quality criteria. [WPC-1 Chapter One Section IV.F(1)]

T-58 Closure Requirements

Should the permittee decide to permanently close and abandon the premises upon which it operates, it shall provide a Closure Plan to the Permit Board no later than 90 days prior to doing so. This Closure Plan shall address how and when all manufactured products, by-products, raw materials, stored chemicals, and solid and liquid waste and residues will be removed from the premises or permanently disposed of on site such that no potential environmental hazard to the waters of the State will be presented. Closure plan(s) submitted to and approved by Mississippi Department of Environmental Quality for compliance with other environmental regulations will satisfy the closure requirements for those items specifically addressed in the closure plan(s) as long as the closure does not present a potential for environmental hazard to waters of the State. [WPC-1 Chapter One Section IV.A(11)]

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Subject Item:

Outfall 001 (Municipal Wastewater)

RPNT00000000001:

MS0055735-001

Such discharges shall be limited and monitored by the permittee as specified below:

4	Discharge Limitations								Monitoring Requirements		
:	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Cone. / Quality Minimum	Conc. / Quality Average	Conc. / Quality Maximum	Conc. / Quality Units	Frequency	Sample Type		
	Report Monthly Average	Report Monthly Maximum	pounds per day	278220	Report Monthly Average	Report Monthly Maximum	mg/L,	weekly	24-hr composite	Jan-Dec	
	*****	******	******	85 Minimum	BALAPA	AAPtaa	% removal efficiency	monthly	calculations	Jau-Dec	
	APPALA This or any or things of the one	******	*****	Report Minimum		Report Maximum	mg/l.	quarterly	grab sacopling	Jan-Doc	

Meridian POTW, Naval Air Station Facility **Facility Requirements** Permit Number: MS0055735

Activity ID No.: PER20040001

Limitation Requirements:

Condition No. Parameter Condition

L-6

3. These chronic toxicity tests shall be initiated within 90 days of the date of issuance of the permit to evaluate wastewater toxicity. Such chronic toxicity tests shall be conducted quarterly, twice during the hot-dry season and twice during the cold-wet season, for a period of one-year following the effective date of the permit. The frequency of monitoring will be reduced to semiannually for the life of the permit. Sampling shall be timed to cover the seasonal extremes of the year (hot-dry and cold-wet). 4. If any one chronic toxicity test indicates the IC25 is less than 75.5%, the provisions in Section 6 below shall apply, and the permittee shall conduct another chronic toxicity test(s) with the organism(s) that failed. This follow-up test must be completed within 30 days following completion of the failed test. Final chronic toxicity test results shall be in report form as outlined in Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms, (EPA/821/R-02/013) or most recent edition. The permittee must also submit a completed Mississippi Office of Pollution Courrel NPDES Whole Effluent Toxicity Testing Report Form. 5. In the event the permittee passes the additional WET test, the permittee shall resume testing in accordance with the testing schedule set forth in the permit. In the event the permittee fails the second WET test, the permittee shall submit a Toxicity Reduction Evaluation Plan (TREP) within 45 days following completion of the follow-up test in order to reduce the toxicity of the effluent to safe! levels2. The first phase of the TREP will include increased monitoring to characterize the toxicity of the effluent.

Page 2 of 19

CHRONIC BIOASSAY REQUIREMENTS

constitute a violation of this permit. [WPC-1 Chapter One]

The toxicity of the effluent as the chronic value shall be greater than or equal to 75.5% and shall be monitored as described below.

6. If the IC25 of any test is less than 75.5%, then the effluent will be considered unacceptably chronically toxic, and this will

The Water Quality Standards of Mississippi require that all waters be free from substances in concentrations or combinations which are harmful to humans, animals, or aquatic life (State of Mississippi, Water Quality Criteria for Intrastate and Coastal Waters, Section II.4., Minimum Conditions Applicable to All Waters, page 3, adopted March 22, 1990). In accordance with such requirements, the permittee is authorized to discharge from outfall(s) 001 only in accordance with the following conditions:

- 1. The permittee shall submit any existing toxicity data for review by the Mississippi Office of Pollution Control within 30 days of the effective date of this permit.
- 2. The permittee shall perform 7-day chronic, static renewal, definitive (a control and five effluent concentrations) WET tests in accordance with Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms, (EPA/821/R-02/013) or Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms, (EPA/821/R-02/014) or the most recent edition*. [WPC-1 Chapter One]

L-7

6013546612

87/29/2884



STATE OF MISSISSIPPI

HALEY BARBOUR

GOVERNOR

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

July 13, 2004

Ms. Dee Stewart Program Manager NPDES and Biosolids Permits Section Water Management Division U. S. Environmental Protection Agency 61 Forsyth Street, SW Atlanta, Georgia 30303-0303

Dear Ms. Stewart:

Re:

Meridian POTW, Naval Air Station Facility

Lauderdale County

Water Ref. No. MS0055735

Enclosed, please find a copy of the draft permit, permit rationale, fact sheet, and application for comment on the above referenced facility. Per our MOA with USEPA, please submit your comments within thirty (30) days of receiving this letter.

If you have any questions, please contact Chad Winter of our staff at (601)961-5171.

Sincerely.

Mad Winter

Jerry W. Cain, P.E., DEE Chief, Environmental Permits Division

Enclosure



Stewart/R4/USEPA/US @EPA

To: Dee Stewart/R4/USEPA/US@EPA

Subject: EPA/MDEQ NPDES enReview - Comments Resolved

07/29/04 09:30 PM Please respond to Dee Stewart

Facility Name: Meridian POTW, Naval Air Station Facility

City: Meridian County: Lauderdale

Facility SIC: 4952

Permit Number: MS0055735

Permit Program: NPDES Major Municipal

In reference to the permit above received for review by EPA on 07/14/2004 comments submitted to MDEQ have been resolved. ... If you have any questions, please contact me at (404) 562-9334 or through e-mail at stewart.dee@epa.gov.

Recipients: stewart.dee@epa.gov, byars.malikah@epa.gov, Rickey_Terry@deq.state.ms.us, Chad_Winter@deq.state.ms.us.

This email was electronically generated on Thu 29-Jul-2004 20:30:05.

Region 4 NPDES Permit Overview Review Check sheet for Facility Name McRidian Potus Date of Review_ 717211V PDES No. MS0055735 Name & Phone of State Permit Contact IWC=75.6% heck: fajor 🕱 Minor Industrial [] Municipal M Stormwater only [] receiving water -Short Review Element Sowastu Crak Yes No Correct Application? Comment Complete application ? [significant information Type? to determine reasonable potential analysis) Fact Sheet/ Rationale? New or Expanded discharge? Receiving waterbody on the 303(d) list? Note pollutants: limbuota TMDL approved? aurahr. W. Sie apst If a TMDL is required, are the limits consistent Note pollutants: with the TMDL? If new or expanded discharge, was antideg. analysis done? Is there a WQ variance (including WER) in the permit? If yes, send to Gail's Branch for review. Complete Review Element Yes No 7010 Comment/Data PERMIT APPLICATION: Did state follow its Reasonable Potential procedures? Do any EPA criteria apply? List pollutants: Are proper minimum levels of detection 40 CF2 indicated? For industrials: Are pollutants noted as "Believed Absent" reasonable? For Municipals: Are the screened pollutants values reasonable? Have 3 pollutant analyses been performed within the last 4-5 years? Whole Effluent Toxicity Data included? Sto- Vency LoxIZ to C. Dasra PERMIT: Complete Boilerplate? Are all outfalls indicated in the application 122.41 and 122.42 overed in the permit? lave any loadings been increased since the revious permit? If yes, explain. Χ lave any limits been deleted, or made less tringent, since the previous permit? X f yes, has backsliding been addressed? tre metals included in terms of "total xoverable"? ppropriate compliance schedule?

122,47

122 44/D/1/33

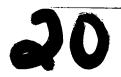
Il monitoring requirements at least 1/year?

Are the monitoring frequencies reasonable and sampling locations included? Element	1	1	
	Yes	No	Comment
Toxicity language?	-	1	Comment/Data
If yes, note the date forwarded to Lisa Spurlin.	1 X	1	
Are there any wastestreams that need internal limits?	 	 	
		LX	
Industrial Permits:	-		
Applicable Effluent Guideline?	1		
Are BMPs included?			
For continuous discharges, are daily max, and			
monthly ave. limits included?			
in idea;	 / 		<u></u>
POTW Permit:			
Secondary treatment requirements included?			
Nutrients limited?	Ξ.Υ.		133
Ambient monitoring required? If so, which	λ		NICT 3-N
Postularia i Augu IIIUICAI a imetraana aa	•]		
TOMUSTICSTIF		X	
For continuous dischargers, are weekly ave and	2.7		122.45(d)(2)
included.	\times		122.43(0)(2)
Oo Pretreatment procedures apply?	X		122.44(j) & 403
A COT STUDEN			102144(j) de 4d5
ACT SHEET:			
ocation of facility included?	X		
oes discharge impact a neighboring state?		∇	
ype of product included (if industrial permit)?			
ong-term production included?			
asis for permit limits?	\times		
alculations included? Correct flows?	-		
	_X	- 1	
est Professional Judgment justification cluded?	V		
ny applicable seasonal limits justified?	<u> </u>		
nal Decision Procedures include?			
- Trocedures include?	$X \perp$		

Element	Yes	No	Comment
Was permit publicly noticed? Permit term less than 5 years?			
Any significant changes since last draft version? If yes, does the amended fact sheet explain these	·	 	
changes.			

Response (Include hard copy in (ile)	Seal Email	Sent Leuer
No Comment		
Comment letter		
Interim Objection		
General Objection	4.40	
Specific Objection		

Sent comment regarding 85% hemoval -tox test reprences -need for 3n monitoring.



PERMIT RATIONALE FOR REISSUANCE

Meridian POTW, Naval Air Station Facility
Lauderdale County
Meridian, Mississippi
Water NPDES No. MS0055735
June 3, 2004

CLASSIFICATION - Municipal Major

- DESCRIPTION OF WASTEWATER Municipal Domestic
- 2. DESCRIPTION OF WASTEWATER TREATMENT- Wastewater is collected and treated via a sequencing batch reactor (SBR) followed by UV disinfection and post-aeration. See <u>attachment No. 1</u> for flow schematic.
- 3. RECEIVING WATERS Sowashee Creek. The 2002 State of Mississippi's 303(d) List of Waterbodies, Section A., denotes the Sowashee Creek drainage area, Waterbody ID Number: MS061, located in Lauderdale County (At Meridian from headwaters to mouth at Okatibbee Creek), to be evaluated for aquatic life support due to biological impairment. Sowashee Creek is classified as Fish and Wildlife.
- 4. The 7Q10 of the receiving stream at the point of discharge of the POTW is 0.5 cfs. The discharge point is located within the Pascagoula Basin. See attachment No. 2 for discharge location map.

The instream wastewater concentration (IWC)7Q10 at the point of discharge is determined by the following calculation:

$$IWC7Q10 = \frac{Qw}{Qr + Qw} * 100$$

Where, Qw = Design flow of the wastewater treatment facility<math>Qr = Receiving stream 7Q10

IWC calculation for the Meridian-NAS POTW is as follows:

$$Qw = 1.0 \text{ MGD or } 1.55 \text{ cfs}$$

 $Qr = 0.5 \text{ cfs}$

$$\frac{1.55 \text{ cfs}}{0.5 \text{ cfs} + 1.55 \text{ cfs}}$$
 * 100 = 75.6%

5. SUMMARY AND BASIS OF DISCHARGE LIMITATIONS

Parameter	Value	<u>Basis</u>
Flow	1.0 MGD	Design
BOD5	10 / 15 mg/l	Modeled
TSS	30 mg/l / 45 mg/l	Technology Based
Fecal Coliform (May-Oct.) (NovApr.)	200 / 400 col. / 100ml 2,000/4,000 col. / 100ml	MSWQS MSWQS
pH	6.0 - 9.0 SU	MSWQS
NH ₃ -N	2 / 3 mg/l	Modeled
Dissolved Oxygen	>6.0 mg/l	Modeled
Chlorine	0.015 / 0.02 mg/l	Modeled
Cadmium	0.0008 / 0.0023 mg/l	Modeled
Copper	0.0066 / 0.0093 mg/l	Modeled
Lead	0.0016 / 0.0397 mg/l	Modeled
Mercury	0.000016 / 0.0028 mg/l	Modeled
Chromium, (III)	0.06 / 0.43 mg/l	Modeled
See attached modeling data results Attac	chment No. 3	

See attached modeling data results Attachment No. 3.

Note: MSWQS = Mississippi State Water Quality Standards

6. Bioassay and Chemical Specific Evaluation

Bioassay

In accordance to State Regulation WPC-1 VI.B.2b., a whole effluent toxicity evaluation was performed as part of the renewal application. The applicant tested in accordance with "Long-Term Methods for estimating the chronic toxicity of Effluents and Receiving Water to Freshwater organisms". Long-term chronic WET tests were performed on ceriodaphnia dubia (invertebrates) and pimephales promelas (vertebrates). The WET tests on the species were performed in February 2004 and April 2004. Results of the WET tests are as follows and are included as attachment No. 4:

February 2004

Species IC25 Growth Results

Ceriodaphnia Dubia

12.71%

Pimephales Promelas

>100%

April 2004

Species

IC25 Growth Results

Ceriodaphnia Dubia

5.38%

Pimephales Promelas

>100%

Since the inhibition concentrations were less than the IWC of 75.6%, it is presumed that the effluent is toxic to the receiving waters. Additionally, only two sets of bioassays were performed versus the four sets that the application requires. Regardless, additional bioassays will be required due to failures. This requirement can be found in Part III.C.

Chemical Specific Analysis

Chemical specific analysis has been performed in accordance with State Regulations WPC-1 V1.B1. Municipalities shall determine the toxic characteristics of their wastewater by analyzing for the toxic pollutant listed in Table III of Appendix D of 40 CFR 122. The results are tabulated in attachment No. 5. The reported values are then analyzed and compared to water quality criteria to determine any possible toxic effect to the receiving waters. A synopsis of these calculations is listed in attachment No. 6. A column by column description of the calculations in attachment No. 6 is hereby provided:

Column No. 1 - Maximum concentration. The highest effluent reading of the parameter

Column No. 2 - The maximum concentration mixed with the receiving water IWC7Q10. This is calculated by the following equation.

{ Maximum concentration (Col. 1) * IWC%} / 100

Column No. 3 - Acute allowable - Chemical Specific State Water Quality Criteria (Attachment No.7)

Column No. 4 - Pass or Fail. If column 2 > column 3, then water quality criteria is exceeded and failure occurs.

Column No. 5 - Long term average (LTA) of all tests. The summation of the 12 samples divided

Column No. 6 - The long term average concentration mixed with the receiving water IWC7Q10. This is calculated by the following equation.

{LTA concentration (Col. 5) * IWC%} / 100

Column No. 7 - Chronic allowable - Chemical Specific State Water Quality Criteria (Attachment <u>No. 7)</u>

Column No. 8 - Pass or Fail. If column 6 > column 7, then water quality criteria is exceeded and failure occurs.

Column No. 9 - Human health determination. Long term average (Col. 5) is mixed with the mean

annual flow (IWCMA) by the following equation.

(LTA concentration (Col.5) * IWCMA % } / 100

Column No. 10 – Human health allowable – State Water Quality Criteria (Attachment No.8).

Note: Organisms only column is used if receiving waters are not drinking water supply.

Column No. 11 - Pass or Fail. If column 9 >. column 10, then water quality criteria is exceeded and failure occurs.

Chemical specific analysis results

In accordance to State Regulation WPC-1 VI.B.1b., analyses for toxic pollutants listed in Table II of Appendix D of 40 CFR 122 should be conducted as part of the renewal application. The regulations require two influent and two effluent samples be collected each month during the six-month period prior to the application submittal deadline date. Five (5) of the toxic pollutants, Cadmium, Chromium (III), Copper, Lead, and Mercury appeared to show the potential to exceed water quality criteria. Therefore, each will have limits in this draft permit. Two (2) of the toxic pollutants, silver and zinc, each had one sample which caused a failure. However, since there was only on sample that caused the failure, it is presumed that there is not reasonable potential to exceed water quality criteria. Additionally, a re-opener clause has been added to Part III.A.3 in the proposed draft permit. The re-opener clause states that the permit may be modified pending the results of a future TMDL on the receiving stream.



State of Mississippi



WATER POLLUTION CONTROL PERMIT

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

THIS CERTIFIES

Meridian POTW, Naval Air Station Facility 3900 Old Highway 45 North Meridian, MS Lauderdale County

has been granted permission to conduct environmental activities as outlined herein. This permit is issued in accordance with the provisions of the Mississippi Code Annotated, and the regulations and guidelines adopted and promulgated thereunder.

Mississippi Environmental Quality Permit Board

Mississippi Department of Environmental Quality

Issued/Modified:

Expires:

Permit No. MS0055735

Agency Interest # 13262

Table of Contents

Subject Item Inventory				i
Facility Requirements	·	 		1
1 4011107 1 1044111 111111			:	
General Information		 		A- 1
Other Relevant Documents:				
Form 2A, Cover Letter and a Basic Application Form				

Meridian POTW, Naval Air Station Facility
Subject Item Inventory
Permit Number: MS0055735
Activity ID No.: PER20040001

Subject Item Inventory:

	esignation	Description
AI13262 MS	IS0055735-001	East Treatment Facility
RPNT1 MS	IS0055735-001	Outfall 001 (Municipal Wastewater)

Receiving Stream Relationships:

Subject Item RPNT1 Outfall 001 (Municipal Wastewater)	Relationship Discharges Into	Receiving Stream Sowashee Creek					
KEY	Superinges and Superingental S						
ACT = Activity AREA = Area	AI = Agency						
CONT = Control Device	CAFO = Conc EQPT = Equi	centrated Animal Feeding Operation					
IA = Insignificant Activity RPNT = Release Point	MAFO = Animal Feeding Operation TRMT = Treatment						

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Subject Item:

Outfall 001 (Municipal Wastewater)

RPNT0000000001: MS0055735-001

Such discharges shall be limited and monitored by the permittee as specified below:

my feet and a second participation of the second			Disc	harge Limitat	tions			Mon	itoring Require	nents
14ma(s	Quantity / Loading Average	Quantity / Loading Maximum	Quantity/ Loading Units	Conc. / Quality Minimum	Conc./ Quality Average	Conc. / Quality Maximum	Conc. / Quality Units	Frequency	Sample Type	Which Months
Applie par Thomas (c. me.)	17 Monthly Average	25 Monthly Maximum	pounds per day	*****	2 Monthly Average	3 Monthly Maximum	mg/L	weekly	24-hr composite	Jan-Dec
Maintenan Greek a latini	Report Monthly Average	Report Monthly Maximum	pounds per day	*****	Report Monthly Average	Report Monthly Maximum	mg/L	weekly	24-hr composite	Jan-Dec
Garana Analysachanan Majapa	_ ## ####	****	****	*****	0.0008 Monthly Average	0.0023 Monthly Maximum	mg/L	monthly .	grab sampling	Jan-Dec
्राक्तम्, वर्षात्रम् स्टब्स् व्यक्तिसम्	- +4+4**	*****	****	*****	0.015 Monthly Average	0.026 Monthly Maximum	mg/L	daily	grab sampling	Jan-Dec
પક્ષીની, ઉપાત વર્લા પુરાનો, ઉપાત વર્લા પુરાનો, સ્ત્રીપુર	****	****	****	*****	0.06 Monthly Average	0.43 Monthly Maximum	mg/L	monthly	grab sampling	Jan-Dec
The true of accordance of the second	******	*****	***	*****	0.0066 Monthly Average	0.0093 Monthly Maximum	mg/L	monthly	grab sampling	Jan-Dec
o proute	****	****	*****	***	200 Monthly Average	400 Monthly Maximum	# of colonies/100 ml	weekly	grab sampling	May-Oct
१५ का ज्योगिता क्रियम्बर्क	****	*****	****	*****	2000 Monthly Average	4000 Monthly Maximum	# of colonies/100 ml	weekly	grab sampling	Nov-Apr
ing.	1.0 Monthly Average	*****	million gallons per day	*****	*****	*****	****	daily	calculations	Jan-Dec
to the second of	*****	*****	*****	*****	0.0016 Monthly Average	0.0397 Monthly Maximum	mg/L	monthly	grab sampling	Jan-Dec

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Subject Item:

Outfall 001 (Municipal Wastewater)

RPNT0000000001:

MS0055735-001

Such discharges shall be limited and monitored by the permittee as specified below:

			a read the texture of	charge Limits	itions			Mo	nitoring Require	ments
4 Davig	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Conc. / Quality Minimum	Conc. / Quality Average	Conc. / Quality Maximum	Conc. / Quality Units	Frequency	Sample Type	Which Months
Mall and the second sec	*****	*****	*****	****	0.000016 Monthly Average	0.000028 Monthly Maximum	mg/L	monthly	grab sampling	Jan-Dec
The Appendicular Control of the Cont	83 Monthly Average	125 Monthly Maximum	pounds per day	*****	10 Monthly Average	15 Monthly Maximum	mg/L	weekly	24-hr composite	Jan-Dec
And the first of the second of	Report Monthly Average	Report Monthly Maximum	pounds per day	*****	Report Monthly Average	Report Monthly Maximum	mg/L	weekly	24-hr composite	Jan-Dec
Agenderica Papingh Letin in 1999	*****	*****	*****	6.0 Minimum	*****	*****	mg/L	weekly	grab sampling	Jan-Dec
top 2 og 1 1 Tranquist so	*****	*****	****	Report Minimum	*****	Report Maximum	mg/L	daily	grab sampling	Jan-Dec
onyones	*****	****	*****	6.0 Minimum	*****	9.0 Maximum	SU	daily	grab sampling	Jan-Dec
Site of Condensity (1997) The Bally (1968)	****	****	*****	*****	****	Report Maximum	mg/L	monthly	grab sampling	Jan-Dec
North Chapter (1965) North Chapter North Chapter	*****	*****	*****	Report Minimum	*****	Report Maximum	mg/L	daily	grab sampling	Jan-Dec
Prop	Monthly		pounds per day		30 Monthly Average	45 Monthly Maximum	mg/L	weekly	24-hr composite	Jan-Dec
(21 x x			pounds per day	*****	Report Monthly Average		mg/L	weekly	24-hr composite	Jan-Dec

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 1 of 19

AI13262 (MS0055735-001) East Treatment Facility:

Limitation Requirements:

Condition No.	Parameter	Condition
L-1		There shall be no discharge of floating solids or visible foam in other than trace amounts. [WPC-2 Section II.2]
L-2	•	The effluent shall not cause an accumulation of solids or sewage sludges in the receiving stream. [WPC-2 Section II.2]
L-3		The discharges shall not cause the occurrence of a visible sheen on the surface of the receiving waters. [WPC-2 Section II.2]
L-4		Samples taken in compliance with the monitoring requirements specified in this permit shall be taken at the nearest accessible point after final treatment but prior to mixing with the receiving stream or as otherwise specified in this permit. [WPC-1 Chapter One Section IV.A(28)]
L-5		Fecal Coliform shall be sampled in accordance to the following schedule:
		 For the winter season, at least one sample shall be taken January - April of the calendar year and at least one sample taken November - December of the same calendar year. For the summer season, at least two samples shall be taken during May - October of the calendar year. Yearly avg. is the arithmetic average of the daily fecal coliform values collected during the winter or summer season expressed as a geometric mean. Yearly max. is the highest daily fecal coliform value collected during the winter or summer season expressed as a geometric mean. [Other]

Meridian POTW, Naval Air Station Facility **Facility Requirements** Permit Number:MS0055735 Activity ID No.: PER20040001

Limita	ation Requirements:	Page 2 of 1
Condition No.	on Parameter	Condition
L-6		3. These chronic toxicity tests shall be initiated within 90 days of the date of issuance of the permit to evaluate wastewater toxicity. Such chronic toxicity tests shall be conducted quarterly, twice during the hot-dry season and twice during the cold-wet season, for a period of one-year following the effective date of the permit. The frequency of monitoring will be reduced to semiannually for the life of the permit. Sampling shall be timed to cover the seasonal extremes of the year (hot-dry and cold-wet). 4. If any one chronic toxicity test indicates the IC25 is less than 75.5%, the provisions in Section 6 below shall apply, and the permittee shall conduct another chronic toxicity test(s) with the organism(s) that failed. This follow-up test must be completed within 30 days following completion of the failed test. Final chronic toxicity test results shall be in report form as outlined in Methods for Measuring the Acute Toxicity of Effluents to Freshwater and Marine Organisms, Fourth Edition, (EPA-600/4-90/027) or most recent edition*. The permittee must also submit a completed Mississippi Office of Pollution Control NPDES Whole Effluent Toxicity Testing Report Form. 5. In the event the permittee passes the additional WET test, the permittee shall resume testing in accordance with the testing schedule set forth in the permit. In the event the permittee fails the second WET test, the permittee shall submit a Toxicity Reduction Evaluation Plan (TREP) within 45 days following completion of the follow-up test in order to reduce the toxicity of the effluent to safe1 levels2. The first phase of the TREP will include increased monitoring to characterize the toxicity of the effluent. 6. If the IC25 of any test is less than 75.5%, then the effluent will be considered unacceptably chronically toxic, and this will constitute a violation of this permit. [WPC-1 Chapter One]
L-7		CHRONIC BIOASSAY REQUIREMENTS
		The toxicity of the effluent as the chronic value shall be greater than or equal to 75.5% and shall be monitored as described below.
		The Water Quality Standards of Mississippi require that all waters be free from substances in concentrations or combinations which are harmful to humans, animals, or aquatic life (State of Mississippi, Water Quality Criteria for Intrastate and Coastal Waters, Section II.4., Minimum Conditions Applicable to All Waters, page 3, adopted March 22, 1990). In accordance with such

requirements, the permittee is authorized to discharge from outfall(s) 001 only in accordance with the following conditions:

- 1. The permittee shall submit any existing toxicity data for review by the Mississippi Office of Pollution Control within 30 days of the effective date of this permit.
- 2. The permittee shall perform 7-day chronic, static renewal, definitive (a control and five effluent concentrations) WET tests in accordance with Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms, (EPA/821/R-02/013) or Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms, (EPA/821/R-02/014) or the most recent edition*. [WPC-1 Chapter One]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number:MS0055735
Activity ID No.: PER20040001

Page 3 of 19

Limitation Requirements:

Condition No.	Parameter	Condition
L-8		In addition to the specific conditions of this permit, the permittee shall comply with all applicable conditions of 40 CFR 122.7 and 40 CFR 122.61 (06-03-93).
		Contact the Mississippi Office of Pollution Control Laboratory for information on most recent edition(s) of methods manual. [WPC-1 Chapter One]

Record-Keeping Requirements:

Condition No.	Condition								
R-1	Recording of Results								
	For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall maintain records of all information obtained from such monitoring including:								
	 (1) The exact place, date, and time of sampling; (2) The dates the analyses were performed; (3) The person(s) who performed the analyses; (4) The analytical techniques, procedures or methods used; and (5) The results of all required analyses. [WPC-1 Chapter One Section IV.A(29)a] 								



State of Mississippi



WATER POLLUTION CONTROL PERMIT

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

THIS CERTIFIES

Meridian POTW, Naval Air Station Facility 3900 Old Highway 45 North Meridian, MS Lauderdale County

has been granted permission to conduct environmental activities as outlined herein. This permit is issued in accordance with the provisions of the Mississippi Code Annotated, and the regulations and guidelines adopted and promulgated thereunder.

Mississippi Environmental Quality Permit Board

Mississippi Department of Environmental Quality

Issued/Modified:

Expires:

Permit No. MS0055735

Agency Interest # 13262

Table of Contents

Subject Item Inventory	<u>i</u>
Subject from inventory	
To illa De minus ante	
Facility Requirements	
General Information	A-1
Other Relevant Documents:	
Form 2A, Cover Letter and a Basic Application Form	

Meridian POTW, Naval Air Station Facility

Subject Item Inventory Permit Number:MS0055735

Activity ID No.: PER20040001

Subject Item Inventory:

ID	Designation	Description
AI13262	MS0055735-001	East Treatment Facility
RPNT1	MS0055735-001	Outfall 001 (Municipal Wastewater)

Receiving Stream Relationships:

	Relationship	Receiving Stream
RPNT1 Outfall 001 (Municipal Wastewater)	Discharges Into	Sowashee Creek

KEY	
ACT = Activity	AI = Agency Interest
AREA = Area	CAFO = Concentrated Animal Feeding Operation
CONT = Control Device	EQPT = Equipment
IA = Insignificant Activity	MAFO = Animal Feeding Operation
RPNT = Release Point	TRMT = Treatment

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Subject Item:

Outfall 001 (Municipal Wastewater)

RPNT0000000001:

MS0055735-001

Such discharges shall be limited and monitored by the permittee as specified below:

			Disc	Monitoring Requirements						
	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Conc. / Quality Minimum	Conc. / Quality Average	Conc. / Quality Maximum	Conc. / Quality Units	Frequency	Sample Type	Which Months
Emiliare (1)	17 Monthly Average	25 Monthly Maximum	pounds per day	*****	2 Monthly Average	3 Monthly Maximum	mg/L	weekly	24-hr composite	Jan-Dec
Amironi Narope, (ciel) a N) Influent	Report Monthly Average	Report Monthly Maximum	pounds per day	*****	Report Monthly Average	Report Monthly Maximum	mg/L	weekly	24-hr composite	Jan-Dec
Gania imperiore Focus convide Giung	*****	*****	*****	*****	0.0008 Monthly Average	0.0023 Monthly Maximum	mg/L	monthly	grab sarnpling	Jan-Dec
Chiefine, total residue Liffuent Au	*****	*****	*****	*****	0.015 Monthly Average	0.026 Monthly Maximum	mg/L	daily	grab sarnpling	Jan-Dec
Chromium (1660	*****	*****	*****	*****	0.06 Monthly Average	0.43 Monthly Maximum	mg/L	monthly	grab sarnpling	Jan-Dec
Coppe I cial Recoverable.	*****	*****	*****	*****	0.0066 Monthly Average	0.0093 Monthly Maximum	mg/L	monthly	grab sarnpling	Jan-Dec
	*****	*****	*****	*****	200 Monthly Average	400 Monthly Maximum	# of colonies/100 ml	weekly	grab sarmpling	May-Oct
	*****	*****	******	*****	2000 Monthly Average	4000 Monthly Maximum	# of colonies/100 ml	weekly	grab sarmpling	Nov-Apr
	1.0 Monthly Average	*****	million gallons per day	*****	*****	*****	*****	daily	calculations	Jan-Dec
771 (n. 110 (n	*****	*****	*****	*****	0.0016 Monthly Average	0.0397 Monthly Maximum	mg/L	monthly	grab sampling	Jan-Dec

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Subject Item:

Outfall 001 (Municipal Wastewater)

RPNT0000000001:

MS0055735-001

Such discharges shall be limited and monitored by the permittee as specified below:

			Disc	Mo	Monitoring Requirements					
To a living	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Conc. / Quality Minimum	Conc. / Quality Average	Conc. / Quality Maximum	Conc. / Quality Units	Frequency	Sample Type	Which Months
	*****	*****	*****	*****	0.000016 Monthly Average	0.000028 Monthly Maximum	mg/L	monthly	grab sar upling	Jan-Dec
	83 Monthly Average	125 Monthly Maximum	pounds per day	*****	10 Monthly Average	15 Monthly Maximum	mg/L	weekly	24-hr composite	Jan-Dec
Dely (19 Deposits) Nochemically (19 Design	Report Monthly Average	Report Monthly Maximum	pounds per day	*****	Report Monthly Average	Report Monthly Maximum	mg/L	weekly	24-hr composite	Jan-Dec
Dergen User	*****	*****	*****	6.0 Minimum	*****	*****	mg/L	weekly	grab sampling	Jan-Dec
wygy (tto) Ceff allowing	*****	*****	*****	Report Minimum	*****	Report Maximum	mg/L	daily	grab sampling	Jan-Dec
	*****	*****	*****	6.0 Minimum	*****	9.0 Maximum	SU	daily	grab sampling	Jan-Dec
	*****	*****	*****	*****	*****	Report Maximum	mg/L	monthly	grab sampling	Jan-Dec
	*****	*****	, *****	Report Minimum	*****	Report Maximum	mg/L	daily	grab sampling	Jan-Dec
	250 Monthly Average	375 Monthly Maximum	pounds per day	*****	30 Monthly Average	45 Monthly Maximum	mg/L	weekly	24-hr composite	Jan-Dec
	Report Monthly Average	Report Monthly Maximum	pounds per day	****	Report Monthly Average	Report Monthly Maximum	mg/L	weekly	24-hr composite	Jan-Dec

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 1 of 19

Al13262 (MS0055735-001) East Treatment Facility:

Limitation Requirements:

Condition No.	on Parameter	Condition
L-1		There shall be no discharge of floating solids or visible foam in other than trace amounts. [WPC-2 Section II.2]
L-2	•	The effluent shall not cause an accumulation of solids or sewage sludges in the receiving stream. [WPC-2 Section II.2]
L-3		The discharges shall not cause the occurrence of a visible sheen on the surface of the receiving waters. [WPC-2 Section II.2]
L-4		Samples taken in compliance with the monitoring requirements specified in this permit shall be taken at the nearest accessible point after final treatment but prior to mixing with the receiving stream or as otherwise specified in this permit. [WPC-1 Chapter One Section IV.A(28)]
L-5		Fecal Coliform shall be sampled in accordance to the following schedule:
		 For the winter season, at least one sample shall be taken January - April of the calendar year and at least one sample taken November - December of the same calendar year. For the summer season, at least two samples shall be taken during May - October of the calendar year. Yearly avg. is the arithmetic average of the daily fecal coliform values collected during the winter or summer season expressed as a geometric mean. Yearly max. is the highest daily fecal coliform value collected during the winter or summer season expressed as a geometric mean. [Other]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 2 of 19 Limitation Requirements: Condition No. Parameter Condition L-6 3. These chronic toxicity tests shall be initiated within 90 days of the date of issuance of the permit to evaluate wastewater toxicity. Such chronic toxicity tests shall be conducted quarterly, twice during the hot-dry season and twice during the cold-wet season, for a period of one-year following the effective date of the permit. The frequency of monitoring will be reduced to semiannually for the life of the permit. Sampling shall be timed to cover the seasonal extremes of the year (hot-dry and cold-wet). 4. If any one chronic toxicity test indicates the IC25 is less than 75.5%, the provisions in Section 6 below shall apply, and the permittee shall conduct another chronic toxicity test(s) with the organism(s) that failed. This follow-up test must be completed within 30 days following completion of the failed test. Final chronic toxicity test results shall be in report form as outlined in Methods for Measuring the Acute Toxicity of Effluents to Freshwater and Marine Organisms, Fourth Edition (EPA-600/4-90/027) or most recent edition*. The permittee must also submit a completed Mississippi Office of Pollution Control NPDES Whole Effluent Toxicity Testing Report Form. 5. In the event the permittee passes the additional WET test, the permittee shall resume testing in accordance with the testing schedule set forth in the permit. In the event the permittee fails the second WET test, the permittee shall submit a Toxicity Reduction Evaluation Plan (TREP) within 45 days following completion of the follow-up test in order to reduce the toxicity of the effluent to safe1 levels2. The first phase of the TREP will include increased monitoring to characterize the toxicity of the effluent. 6. If the IC25 of any test is less than 75.5%, then the effluent will be considered unacceptably chronically toxic, and this will constitute a violation of this permit. [WPC-1 Chapter One] L-7 CHRONIC BIOASSAY REQUIREMENTS The toxicity of the effluent as the chronic value shall be greater than or equal to 75.5% and shall be rnonitored as described below. The Water Quality Standards of Mississippi require that all waters be free from substances in concentrations or combinations which are harmful to humans, animals, or aquatic life (State of Mississippi, Water Quality Criteria for Intrastate and Coastal Waters, Section II.4., Minimum Conditions Applicable to All Waters, page 3, adopted March 22, 1990). In accordance with such requirements, the permittee is authorized to discharge from outfall(s) 001 only in accordance with the following conditions: 1. The permittee shall submit any existing toxicity data for review by the Mississippi Office of Pollution Control within 30 days of the effective date of this permit.

2. The permittee shall perform 7-day chronic, static renewal, definitive (a control and five effluent concentrations) WET tests in accordance with Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms, (EPA/821/R-02/013) or Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters

to Marine and Estuarine Organisms, (EPA/821/R-02/014) or the most recent edition*. [WPC-1 Chapter One]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 3 of 19

Limitation Requirements:

Condition No.	Parameter	,		Condition
L-8			1	In addition to the specific conditions of this permit, the permittee shall comply with all applicable conditions of 40 CFR 122.7 and 40 CFR 122.61 (06-03-93).
•				Contact the Mississippi Office of Pollution Control Laboratory for information on most recent edition(s) of methods manual. [WPC-1 Chapter One]

Record-Keeping Requirements:

Condition No.	Condition								
R-1	Recording of Results								
	For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall maintain records of all information obtained from such monitoring including:								
	 (1) The exact place, date, and time of sampling; (2) The dates the analyses were performed; (3) The person(s) who performed the analyses; (4) The analytical techniques, procedures or methods used; and (5) The results of all required analyses. [WPC-1 Chapter One Section IV.A(29)a] 								

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Submittal/Action Requirements:

Page 4 of 19

Condition

No. Condition

S-1 Sludge Management Requirements.

- (1) General Compliance: The permittee shall comply with all existing Federal and State laws and regulations that apply to its sewage sludge use and disposal practice(s), with the Mississippi Nonhazardous Waste Management Regulations and with the CWA Section 405(d) technical standards when promulgated.
- (2) Reopener: If an applicable "acceptable management practice" or numerical limitation for pollutants in sewage sludge promulgated under Section 405(d)(2) of the Clean Water Act, as amended by the Water Quality Act of 1987, is more stringent than the sludge pollutant limit or acceptable management practice in this permit, or controls a pollutant to conform to the requirements promulgated under Section 405(d)(2). The permittee shall comply with the limitations by no later than the compiance deadline specified in the applicable regulations as required by Section 405(d)(2)(D) of the Clean Water Act.
- (3) Notice of Change in Sludge Disposal Practice: The permittee shall give prior notice to the Director of any change(s) planned in the permittee's sludge use or disposal practice.
- (4) Cause-for-Modification: 40 CFR 122.62(a)(1) provides that the following is a cause for modification but not revocation and reissuance of permits except when the permittee requests or agrees.
- (5) Alterations: There are material and substantial changes or additions to the permitted facility or activity which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit. [WPC-1 Chapter One]

S-2 Pretreatment Requirements.

- (1) This permit shall be modified, or alternately revoked and reissued by a date to be determined to incorporate and approved municipal pretreatment program as required under Section 402(b)(8) of the Federal Water Pollution Control Act and implementing regulations or by the requirements of the approved State pretreatment program, as appropriate.
- (2) Effluent limitations from this discharge are listed in the Effluent Limitations section of this permit. If it becomes apparent that other pollutants attributable to inputs from major contributing industries using the municipal system are also present in the permittee's discharge, this permit may be revised to specify effluent limitations for any or all of such other pollutants in accordance with best practicable technoloty or water quality standards.
- (3) Under no circumstances shall the permittee allow introduction of the following wastes or pollutants into the waste treatment system.
- (a) Pollutants which create a fire or explosion hazard in the treatment works;
- (b) Pollutants which will cause corrosive structural damage to treatment works; but in no case discharges with a pH designed lower than 5.0, unless the works are specifically designed to accommodate such discharges;
- (c) Solids or viscous substances in amounts which cause obstructions to the flow in sewer or interference with the proper operation of the treatment works;
- (d) Wastewaters at a flow rate and/or pollutant discharge;
- (e) Heat in amounts which will inhibit biological activity in the treatment works resulting in interference, but in no case heat in such quantities that the temperature of the influent exceeds 40 degrees Celsius (104 degrees Fahrenheit), unless approval for alternate limits has been granted by the Permit Board. [WPC-1 Chapter One]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 5 of 19

Submittal/Action Requirements:

Condition No.	Condition
S-3	Reporting
	Monitoring results obtained during the previous reporting period shall be summarized and reported on a Discharge Monitoring Report Form (EPA No. 3320-1) POSTMARKED NO LATER THAN THE 28TH DAY OF THE MONTH FOLLOWING THE COMPLETED REPORTING PERIOD. Copies of these, and all other reports required herein, shall be signed in accordance with Chapter One Sections II.C. and II.E. of the Mississippi Wastewater Permit Regulations, and shall be submitted to the Mississippi Environmental Quality Permit Board at the following address:
	Mississippi Department of Environmental Quality
	Office of Pollution Control P.O. Box 10385
	Jackson, Mississippi 39289-0385. [WPC-1 Chapter One Section IV.A(15)c(1)]
S-4	Noncompliance Notification - Twenty-Four Hour Reporting
	(1) The permittee shall report any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and/or prevent recurrence of the noncompliance.
	(2) The following shall be included as information which must be reported within 24 hours under this paragraph.(i) Any unanticipated bypass which exceeds any effluent limitation in the permit.(ii) Any upset which exceeds any effluent limitation in the permit.
	(ii) Violation of a maximum daily discharge limitation for any of the pollutants listed by the Permit Board in the permit to be reported within 24 hours. (iv) The Executive Director may waive the written report on a case-by-case basis for reports under paragraph (1) of this section if the oral report has been received

S-5 Noncompliance Notification - Other Noncompliance

within 24 hours. [WPC-1 Chapter One Section IV.A(29)e]

The permittee shall report all instances of noncompliance not reported under the twenty-four hour reporting requirements, at the time monitoring reports are submitted or within 30 days from the end of the month in which the noncompliance occurs. The reports shall contain the same information as is required under the twenty-four hour reporting requirements contained in this permit. [WPC-1 Chapter One Section IV.A(29)f]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 6 of 19

Submittal/Action Requirements:

Condition No.	Condition
S-6	Noncompliance Notification - Other Information
	Where the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Permit Board, it shall promptly submit such facts or information. [WPC-1 Chapter One Section IV.A(29)g]
S-7	Expiration of Permit
	At least 180 days prior to the expiration date of this permit pursuant to the State law and regulation, the permittee who wishes to continue to operate under this permit shall submit an application to the Permit Board for reissuance. The Permit Board may grant permission to submit an application later than this, but no later than the expiration date of the permit. [WPC-1 Chapter One Section V.B(1)]

Narrative Requirements:

Definitions:

Condition No.	Condition		
T-1	Definitions: General		
	The permittee shall refer to WPC-1, Chapter 1, Section I.A for defini	itions of any permit term not specified in this pe	ermit. [WPC-1 Chapter One Section I.A]
T-2	Definitions: Monthly Average		
	"Monthly Average" means the average of "daily discharges" over a comonth divided by the number of "daily discharges" measured during discharges" measured during the calendar month. In computing the results of zero. [WPC-1 Chapter One Section I.A(40)]	the month. The monthly average for fecal coli	iform bacteria is the geometric mean of "daily

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number:MS0055735
Activity ID No.: PER20040001

Page 7 of 19

Narrative Requirements:

Definitions: Condition Condition No. Definitions: Daily Discharge T-3 "Daily discharge" means the "discharge of a pollutant" measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the "daily discharge" is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurements, the "daily average" is calculated as the average measurement of the discharge of the pollutant over the day. [WPC-1 Chapter One Section I.A(14)] **Definitions: Daily Maximum** T-4 "Daily maximum" means the highest "daily discharge" over a calendar month. [WPC-1 Chapter One Section I.A(15)] **Definitions: Toxic Pollutants** T-5 "Toxic pollutants" means any pollutant listed as toxic under Section 307(a)(1) or, in the case of "sludge use or disposal practices", any pollutant identified in regulations implementing Section 405(d) of the Clean Water Act. [WPC-1 Chapter One Section I.A] Definitions: Hazardous Substances T-6 "Hazardous substances" are defined in 40 CFR 116.4. [40 CFR 116.4] Definitions: Quarterly Average T-7 "Quarterly Average" means the average of "daily discharges" over a three month period, calculated as the sum of all "daily discharges" measured during the quarter divided by the number of "daily discharges" measured during the quarter. The quarterly average for fecal coliform bacteria is the geometric mean of "daily discharges" measured during the quarter. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero. [WPC-1 Chapter One Section I.A(26)] Definitions: Quarterly Maximum T-8 "Quarterly Maximum" means the highest "daily discharge" measured over a three-month period. [WPC-1 Chapter One Section I.A(57)]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 8 of 19

Narrative Requirements:

Definitions:

Condition No.	Condition
T-9	Definitions: Yearly Average
	"Yearly Average" means the average of "daily discharges" over a calendar year, calculated as the sum of all "daily discharges" measured during the calendar year divided by the number of "daily discharges" measured during the calendar year. The yearly average for fecal coliform bacteria is the geometric mean of "daily discharges" during the calendar year. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero. [WPC-1 Chapter One Section I.A(77)]
T-10	Definitions: Yearly Maximum
	"Yearly Maximum" means the highest "daily discharge" measured over a calendar year. [WPC-1 Chapter One Section I.A(78)]
Condition No.	Condition
T-11	The permittee shall achieve compliance with the effluent limitations specified for discharge in accordance with the following schedule: Upon Permit Issuance. [WPC-1 Chapter One Section IV.A(9)]
T-12	No later than 10 days following the date of compliance specified by this permit, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement. [WPC-1 Chapter One Section IV.A(10)]
T-13	Change in Discharge
	All discharges authorized herein shall be consistent with the terms and conditions of this permit. The discharge of any pollutant identified in this permit more frequently than or at a level in excess of that authorized shall constitute a violation of the permit. Any anticipated facility expansions or treatment modifications which result in new, different, or increased discharges of pollutants must be reported by submission of a new NPDES application. If such changes will not violate the effluent limitations to the Mississippi Environmental Quality Permit Board, the permit may be modified to specify and limit any pollutants not previously limited. [WPC-1 Chapter One Section IV.A]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 9 of 19

Condition	
No.	Condition
T-14	Adverse Impacts
	The permittee shall take all reasonable steps to minimize or prevent any discharge in violation of the permit that has a reasonable likelihood of adversely affecting human health or the environment. [WPC-1 Chapter One Section IV.A(19)]
T-15	The permittee shall provide written notification to the Mississippi Commission on Environmental Quality no later than thirty (30) days after the loss of the permittee's certified operator. [WPC-1 Chapter One]
T-16	Representative Sampling
	Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored wastewater. [WPC-1 Chapter One Section IV.A(28)e]
T-17	Reporting
	If the results for a given sample analysis are such that any parameter (other than fecal coliform) is not detected at or above the minimum level for the test method used, a value of zero will be used for that sample in calculating an arithmetic mean value for the parameter. If the resulting calculated arithmetic mean value for that reporting period is zero, the permittee shall report "NODI = B" on the DMR. For fecal coliform, a value of 1.0 shall be used in calculating the geometric mean. If the resulting fecal coliform mean value is 1.0, the permittee shall report "NODI = B" on the DMR. For each quantitative sample value that is not detectable, the test method used and the minimum level for that method for that parameter shall be attached to and submitted with the DMR. The permittee shall then be considered in compliance with the appropriate effluent limitation and/or reporting requirement. [WPC-1 Chapter One Section II.G]
T-18	Reporting 11 - 15 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
·	If the permittee monitors any pollutant as prescribed in the permit more frequently than required by the permit using test procedures approved under 40 CFR Part 136 or, in the case of sludge use or disposal, approved under 40 CFR Part 136 unless otherwise specified in 40 CFR Part 503, or as specified in the permit, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR or sludge reporting form specified by the Permit Board. [WPC-1 Chapter One Section IV.A(15)c(2)]
T-19	Reporting
	Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified by the Permit Board in the permit. [WPC-1 Chapter One Section IV.A(15)c(3)]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 10 of 19

Narrative Requirements:

Condition	
No.	Condition
T-20	Test Procedures
	Test procedures for the analysis of pollutants shall include those set forth in 40 CFR 136 or alternative procedures approved and/or pro-mulgated by EPA. [WPC-1 Chapter One Section IV.A(30)]
T-21	Records Retention
	All records and results of monitoring activities required by this permit, including calibration and maintenance records, shall be retained by the permittee for a minimum of three (3) years, unless otherwise required or extended by the Permit Board, copies of which shall be furnished to the Department upon request. [WPC-1 Chapter One Section IV.A(29)a]
T-22	Falsifying Reports
·	Any permittee who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required by the Permit Board to be maintained as a condition in a permit, or who alters or falsifies the results obtained by such devices or methods and/or any written report required by or in response to a permit condition, shall be deemed to have violated a permit condition and shall be subject to the penalties provided for a violation of a permit condition pursuant to Section 49-17-43 of the Code. [WPC-1 Chapter One Section IV.A(29)d]
T-23	Duty to Comply
	The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Clean Water A ct and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or denial of a permit renewal application. [WPC-1 Chapter One Section IV.A(2)]
T-24	Proper Operation, Maintenance and Replacement

The permittee shall at all times properly operate, maintain, and when necessary, promptly replace all facilities and systems of collection, treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance includes adequate laboratory controls and appropriate quality assurance procedures. Proper replacement includes maintaining an adequate inventory of replacement equipment and parts for prompt replacement when necessary to maintain continuous collection and treatment of wastewater. This provision requires the operation of back-up or auxiliary facilities or similar systems that are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit. [WPC-1 Chapter One Section IV.A(18)]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 11 of 19

Condition No.	Condition
T-25	Duty to Mitigate
	The permittee shall take all reasonable steps to minimize or prevent any discharge or sludge use or disposal in violation of the permit that has a reasonable likelihood of adversely affecting human health or the environment. [WPC-1 Chapter One Section IV.A(19)]
T-26	Bypassing
	The permittee shall comply with the terms and conditions regarding bypass found in 40 CFR 122.41(m). [40 CFR 122.41(m)]
T-27	Bypassing - Definitions
	"Bypass" means the intentional diversion of waste streams from any portion of a treatment facility.
	"Severe property damage" means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production. [40 CFR 122.41(m)]
T-28	Bypassing - Bypass not exceeding limitations
	The permittee may allow any bypass to occur which does not cause effluent limitations to be exceeded, but only if it also is for essential maintenance to assure efficient operation. These bypasses are not subject to the notice and prohibition provisions of the bypass requirements in this permit. [40 CFR 122.41(m)]
T-29	Bypassing -Notice
	Anticipated bypass- If the permittee knows in advance of the need for a bypass, it shall submit prior notice, if possible at least ten days before the date of the bypass.
	Unanticipated bypass- The permittee shall submit notice of an unanticipated bypass as required by the twenty-four hour reporting requirements set forth in this permit. [40 CFR 122.41(m)]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 12 of 19

Condition	
No.	Condition
T-30	Bypassing- Prohibition of Bypass
	 Bypass is prohibited, and the Commission may take enforcement action against a permittee unless: Bypass was unavoidable to prevent loss of life, personal injury, or sever property damage. There was no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgement to prevent a bypass which occurred during normal periods of equipment downtime or preventative maintenance; and The permittee submitted notices as required under the Twenty-Four Hour reporting requirements set forth in this permit.
-	(2) The Commission may approve an anticipated bypass, after considering its adverse affects, if the Commission determines that it will meet the three conditions listed above in paragraph (1) of this permit condition. [40 CFR 122.41(m)]
T-31	Upsets
	The permittee shall meet the conditions of 40 CFR 122.41(n) regarding "Upsets" and as in the upset requirements of this permit. [WPC-1 Chapter One Section IV.A(27)]
T-32	Upsets- Definition
	"Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation. [WPC-1 Chapter One Section IV.A(27)]
T-33	Upsets - Effect of an Upset
	An upset constitutes an affirmative defense to an action brought for noncompliance with such technology based permit effluent limitations if the "conditions necessary for demonstration of upset" requirements of this permit are met. Any determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, shall not constitute final administrative action subject to judicial review. [WPC-1 Chapter One Section IV.A(27)]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 13 of 19

Condition	
No.	Condition
T-34	Upsets - Conditions necessary for demonstration of upset
	A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
	 (1) An upset occurred and that the permittee can identify the cause(s) of the upset; (2) The permitted facility was at the time being properly operated; (3) The permittee submitted notice of the upset as required in 40 CFR 122.41(L)(6)(ii)(B)(24-hour notice of noncompliance); and (4) The permittee complied with any remedial measures required under 40 CFR 122.41(d) (Duty to Mitigate). [WPC-1 Chapter One Section IV.A(27)]
T-35	Upsets - Burden of proof
	In any enforcement proceeding the permittee seeking to establish the occurrence of an upset has the burden of proof. [WPC-1 Chapter One Section IV.A(27)]
T-36	Removed Substances
	Solids, sludges, filter backwash, or other residuals removed in the course of treatment or control of wastewater shall be disposed of in a manner such as to prevent such materials from entering State waters and in a manner consistent with the Mississippi Solid Waste Disposal Act, the Federal Resource Conservation and Recovery Act, and the Mississippi Water Pollution Control Act. [WPC-1 Chapter One Section IV.A(21)]
T-37	Power Failures
	If electric power is required, in order to maintain compliance with the conditions and prohibitions of the permit, the permittee shall either:
	(1) Provide an alternative power source to operate the wastewater control facilities; or, if such alternative power source is not in existence, and no date for its implementation appears in the permit, (2) Halt, reduce, or otherwise control production and/or all wastewater flows upon reduction, loss, or failure of the primary source of power to the wastewater control facilities. [WPC-1 Chapter One Section IV.A(22)]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 14 of 19

Condition No.	Condition
T-38	Inspection and Entry
	The permittee shall allow any authorized Commission representative to enter the permittee's premises at any reasonable time, to have access to and copy any applicable records, to inspect process facilities, treatment works, monitoring methods or equipment or to take samples, as authorized by Section 49-17-21 of the Code. In the event of investigation during an emergency response action, a reasonable time shall be any time of the day or night. Follow-up investigations subsequent to the conclusion of the emergency event shall be conducted at reasonable times. [WPC-1 Chapter One Section IV.A(17)]
T-39	Transfer of Ownership or Control
	This permit is not transferable to any person without proper modification of this permit following procedures found in WPC-1, Chapter 1, Section V.C. [WPC-1 Chapter One Section V.C.]
T-40	Signatory Requirements
	All applications, reports, or information submitted to the Permit Board shall be signed and certified. [WPC-1 Chapter One Section II.C]
T-41	Signatory Requirements - Application Signatures
•	All permit applications shall be signed as follows:
	(1) For a corporation: by a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means: (i) a president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy - or decision-making function for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding 25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
	(2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
	(3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. [WPC-1 Chapter One Section II.C]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number:MS0055735
Activity ID No.: PER20040001

Page 15 of 19

Condition No.	Condition
T-42	Signatory Requirements -Reports and Other Information
	All reports required by the permit and other information requested by the Permit Board shall be signed by a person described by the application signature requirements in this permit or by a duly authorized representative of that person. A person is a duly authorized representative only if:
	(1) The authorization is made in writing by a person described by the application signature requirements; (2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position.); and (3) The written authorization is submitted to the Permit Board. [WPC-1 Chapter One Section II.C]
T-43	Signatory Requirements - Changes to Authorization
	If an authorization under the signatory requirements of this permit is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the signatory requirements of this permit must be submitted to the Permit Board prior to or together with any reports, information, or applications. [WPC-1 Chapter One Section II.C]
T-44	Signatory Requirements - Certification
	Any person signing a document under the signatory requirements stated in this permit shall make the following certification:
*	"I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." [WPC-1 Chapter One Section II.C]
T-45	Availability of Records
	Except for information deemed to be confidential under the Mississippi Code Ann. 49-17-39 and 40 CFR 123.41, file information relating to this permit shall be made available for public inspection and copying during normal business hours at the office of the Department of Environmental Quality in Jackson, Mississippi. Written request must be provided in accordance with policies developed by the Commission and must state, specifically, records proposed for review, date proposed for review and copying requirements. [WPC-1 Chapter One Section III.E]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 16 of 19

Condition No.	Condition
T-46	Duty to Provide Information
	The permittee shall furnish to the Permit Board within a reasonable time any relevant information which the Permit Board may request to determine whether cause exists for modifying, revoking and reissuing, or terminating the permit, or to determine compliance with the permit. The permittee shall also furnish to the Permit Board upon request, copies of records required to be kept by the permit. [WPC-1 Chapter One Section IV.A(16)]
T-47	Toxic Pollutants
	The permittee shall comply with any toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) established under Section 307(a) of the Federal Water Pollution Control Act. [WPC-1 Chapter One Section IV.A(26)]
T-48	Toxic Pollutants Notification Requirements
	The permittee shall comply with the applicable provisions of 40 CFR 122.42. [WPC-1 Chapter One Section IV.A(26)]
T-49	Civil and Criminal Liability
	 (1) Any person who violates a term, condition or schedule of compliance contained within this permit or the Mississippi Water Pollution Control Law is subject to the actions defined by law. (2) Except as provided in permit conditions on "Bypassing" and "Upsets", nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance. (3) It shall not be the defense of the permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [WPC-1 Chapter One Section IV.A(24)]
T-50	Oil and Hazardous Substance Liability
	Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee is or may be subject to under Section 311 of the Federal Water Pollution Control Act and applicable provisions under Mississippi Law pertaining to transportation, storage, treatment, or spillage of oil or hazardous substances. [WPC-1 Chapter One Section IV.A(23)]
T-51	Property Rights
	The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State, or local laws or regulations. [WPC-1 Chapter One Section V.E]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 17 of 19

Narrative Requirements:

Condition No.	Condition
T-52	Severability
	The provisions of this permit are severable. If any provision of this permit, or the application of any provision of this permit to any circumstances, is challenged or held invalid, the validity of the remaining permit provisions and/or portions thereof or their application to other persons or sets of circumstances, shall not be affected thereby. [WPC-1 Chapter One Section IV.A(25)]
T-53	Protection of Confidential Information
	(1) Pursuant to Miss. Code Ann. '49-17-39 and 40 CFR 123.41, the Permit Board shall make available to the public all information contained on any form and all public comments on such information. Effluent data and information concerning air or water quality shall also be made available to the public. Information that is determined by the Commission to be trade secrets shall not be disclosed to the public-without prior consent of the source of such information. When a claim of confidentiality is made by a person in accordance with the provisions of Miss. Code Ann. '49-17-39, a recommendation on the questions of confidentiality shall be made by the Commission and forwarded to the Regional Administrator (or his/her designee) of EPA for his concurrence in such determination of confidentiality. [WPC-1 Chapter One Section III.F]
T-54	Protection of Confidential Information- continued
	(2) A copy of a State, UIC, or NPDES permit application, public notice, fact sheet, draft permit and other forms relating thereto, including written public comment and other reports, files and information relating to the application not classified as confidential information by the Commission pursuant to part (1) of this requirement, shall be available for public inspection and copying during normal business hours at the office of the Department in Jackson, Mississippi. [WPC-1 Chapter One Section III.F]
T-55	Protection of Confidential Information- continued
	(3) Upon determination by the Commission that information submitted by a permit applicant is entitled to protection against disclosure as trade secrets, the information shall be so labeled and otherwise handled as confidential. Copies of the information and a notice of the Commission's action shall be forwarded to the Regional Administrator (or his/her designee). In making its determination of entitlement to protection as a trade secret, the Commission shall follow the procedure set forth in Miss. Code Ann. '49-17-39. In the event the Commission denies the claim of confidentiality, the applicant shall have, upon notification thereof, the right to appeal the Commission's determination in the same manner provided for other orders of the Commission. No disclosure, except to EPA, shall be allowed until

any appeal from the determination of the Commission is completed. [WPC-1 Chapter One Section III.F]

Meridian POTW, Naval Air Station Facility **Facility Requirements** Permit Number: MS0055735 Activity ID No.: PER20040001

Page 18 of 19

Narrative Requirements:

Condition No.	Condition
T-56	Spill Prevention and Best Management Plans
	Any permittee which has above ground bulk storage capacity, of more than 1320 gallons or any single container with a capacity greater than 660 gallons, of materials and/or liquids (including but not limited to, all raw, finished and/or waste material) with chronic or acute potential for pollution impact on waters of the State and not subject to Mississippi Hazardous Waste Management Regulations or 40 CFR 112 (Oil Pollution Prevention) regulations shall provide secondary containment as found in 40 CFR 112 or equivalent protective measures such as trenches or waterways which would conduct any tank releases to a permitted treatment system or sufficient equalization or treatment capacity needed to prevent chronic/acute pollution impact. [WPC-1 Chapter One Section IV.A(12)a]
T-57	Reopener Clause
	This permit shall be modified, or alternately, revoked and reissued, to comply with any applicable effluent standard, limitation or storm water regulation issued approved under Section 301(b)(2)(C), and (D), 304(b)(2), 307(a)(2) and 402(p) of the Federal Water Pollution Control Act if the effluent standard, limitation or regulation so issued or approved:
	1. Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or

- 2. Controls any pollutant not limited in the permit; or
- 3. This permit shall be modified to reflect any additional or otherwise more stringent limitations and additional monitoring as determined to be necessary by the results of a Completed TMDL. [WPC-1 Chapter One Section IV.F(1)]

T-58 Closure Requirements

Should the permittee decide to permanently close and abandon the premises upon which it operates, it shall provide a Closure Plan to the Permit Board no later than 90 days prior to doing so. This Closure Plan shall address how and when all manufactured products, by-products, raw materials, stored chemicals, and solid and liquid waste and residues will be removed from the premises or permanently disposed of on site such that no potential environmental hazard to the waters of the State will be presented. Closure plan(s) submitted to and approved by Mississippi Department of Environmental Quality for compliance with other environmental regulations will satisfy the closure requirements for those items specifically addressed in the closure plan(s) as long as the closure does not present a potential for environmental hazard to waters of the State. [WPC-1 Chapter One Section IV.A(11)]

Meridian POTW, Naval Air Station Facility
Facility Requirements
Permit Number: MS0055735
Activity ID No.: PER20040001

Page 19 of 19

RPNT1 (MS0055735-001) Outfall 001 (Municipal Wastewater):

Submittal/Action Requirements:

Condition	
No.	Condition
S-1	The Permittee shall submit analytical results on a monthly Discharge Monitoring Report (DMR): Due monthly, by the 28th of the subsequent month. [WPC-1 Chapter One IV A(15)c]

GENERAL INFORMATION

Meridian POTW, Naval Air Station Facility 3900 Old Highway 45 North Meridian, MS Lauderdale County

Alternate/Historic Identifiers

ID	Alternate/Historic Name	User Group	Start Date	End Date
13262	Meridian POTW, Naval Air Station Facility	Official Site Name	9/28/1999	
MS0055735	Meridian POTW, Naval Air Station Facility	Water-NPDES	9/28/1999	9/27/2004

Basin:

Pascagoula River Basin

Latitude:

32° 32' 59" 7 tenths

Longitude: 88° 35' 39" 5 tenths

Location Description: PG - Plant Entrance (General). Entrance to facility. Data collected by Chuck Gray 6/3/03.

Relevant Documents:

Form 2A, Cover Letter and a Basic Application Form

Emissions Inventory ID: 248107



FACT SHEET

APPLICATION FOR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT TO DISCHARGE WASTEWATER TO WATERS OF THE STATE OF MISSISSIPPI July 13, 2004

Application No.: MS0055735

1. SYNOPSIS OF APPLICATION

a. Name and Address of Applicant

Meridian POTW, Naval Air Station Facility PO Box 1430 Meridian, Mississippi 39302-1430

b. Description of Applicant's Operation

The collection and treatment of municipal wastewater

c. Production Capacity of Facility

1.0 MGD

d. Description of Existing Pollution Abatement Facilities

Treatment via a sequencing batch reactor (SBR) followed by UV disinfection and post-aeration.

e. Applicant's Receiving Water

Sowashee Creek.

The 2002 State of Mississippi's 303(d) List of Waterbodies, Section A., denotes the Sowashee Creek drainage area, Waterbody ID Number: MS061, located in Lauderdale County (At Meridian from headwaters to mouth at Okatibbee Creek), to be evaluated for aquatic life support due to biological impairment.

f. Description of Discharges

Outfall 001 is permitted to discharge a monthly average 1.0 MGD of biologically treated domestic wastewater.

2. PROPOSED EFFLUENT LIMITATIONS

13262 PER20040001

See Draft Permit

3. MONITORING REQUIREMENTS

The applicant will be required to monitor regularly for flow and those parameters limited in Section 2 above with sufficient frequency to ensure compliance with the permit conditions. Frequency, methods of sampling, and reporting dates will be specified in the final permit.

4. PROPOSED COMPLIANCE SCHEDULE FOR ATTAINING EFFLUENT LIMITATIONS

Beginning the issuance date of this permit, the permittee shall achieve compliance with the effluent limitations specified in the draft permit.

5. PROPOSED CONDITIONS OF APPLICABILITY AND OTHER REQUIREMENTS

The applicant will be required at all times to operate facilities as efficiently as possible and in a manner which will minimize upsets and discharges of excessive pollutants.

The permittee shall provide an adequate operate staff which is duly qualified to carry out the operation, maintenance and testing functions required to insure compliance specified in the permit.

Maintenance of treatment facilities that result in degradation of effluent quality shall be scheduled during noncritical water quality period and shall be carried out in a manner approved by the Mississippi Office of Pollution Control.

The permittee is required to submit information of a periodic basis on the quality and quantity of effluent introduced into the facility by major contributing industries.

6. WATER QUALITY STANDARDS AND EFFLUENT STANDARDS APPLIED TO THE DISCHARGE

Sowashee Creek is classified as Fish and Wildlife. Limitations were developed through empirical modeling. Additionally, WET test results demonstrated that limits for cadmium, copper, lead, mercury, and chromium are necessary; thus, limits were incorporated in this permit draft.

7. PROCEDURES FOR THE FORMULATION OF FINAL DETERMINATIONS

a. Comment Period

The Mississippi Office of Pollution Control Permit Board proposes to issue an NPDES permit to this applicant subject to the effluent limitations and special conditions outlined above. These determinations are tentative.

Interested persons are invited to submit written comments on the permit application or on the Permit Board's proposed determinations to the following address:

Mississippi Department of Environmental Quality Office of Pollution Control P. O. Box 10385 Jackson, Mississippi 39289-0385

Additional details about the application and the proposed determination, a sketch showing the location of the discharge, and a copy of the draft permit are available by writing Chad Winter at the Permit Board's address or calling 961-5171.

All comments received prior to the end of Public Notice Date will be considered in the formulation of final determinations with regard to this application.

b. Public Hearing

The Permit Board may hold a public hearing if there is a significant degree of public interest in a proposed permit or group of permits. Public notice of such a hearing will be circulated in newspapers in the geographical area of the discharge and to those on the agency's mailing list at least 30 days prior to the hearing.

Following the public hearing, the Permit Board may take such modifications in the terms and conditions of the proposed permits as may be appropriate and shall issue or deny the permit. Notice of issuance or denial will be circulated to those who participated in the hearing and to appropriate persons on the mailing list.

c. Issuance of the Permit When No Public Hearing is Held

If no public hearing is held, and, after review of the comments received, the Permit Board's determinations are substantially unchanged, the permit will be issued and become effective immediately.

If no public hearing is held, but there have been substantial changes, public notice of the Permit Board's revised determinations will be made. Following a 30-day comment period, the permit will be issued and become effective immediately, unless a public hearing is granted.

ANTIDEGRADATION POLICY REVIEW CHECKLIST



rac	MILV/ Waterbody ID
	Facility Name: Menioran POTW - North Facility
2. 43.	NPDES Permit No.: MS00 35 735 Outfall Serial No.: Oct
4.	County: Landerdale
5.	Name of Receiving Waterbody R.M. 11.5 of Sowashee Creek Use Classification: FISH AND WILDLIFE
App	licability of Antidegradation Policy
6.	Is this a new or expanding discharge? If yes continue.
7.	Does background water quality exceed Criteria? Ves No. 15.000 and
8.	Does discharge lower water quality from background levels? Yes No If yes, continue.
	Comments:
Alten	natives Analysis
9. (Does a feasible alternative exist which would avoid water quality degradation? Yes No If yes, reevaluate proposed permit. If no, continue. (Alternatives to be considered include, but are not limited to, no discharge system, connection to an existing wastewater treatment facility, an alternative discharge point, product or raw material substitution, and other treatment options.)
	Comments:
Socio-	Economics vs. Water Quality Issues
10.	Are there any socio-economic or environmental/public health issues which would justify the proposed degradation. Yes No If yes, continue.
*	Comments: This mayes the current NAS discharge picks up septictent users thes the potential to take additionar NPDES discharges off-line. This project enhances the viability of the NAS; NAS is a major employer, and its closure would have severe adverse impacts on the community.



State of Mississippi



WATER POLLUTION CONTROL PERMIT

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

THIS CERTIFIES

Meridian POTW, Naval Air Station Facility
3900 Old Highway 45 North
Meridian, MS
Lauderdale County

has been granted permission to conduct environmental activities as outlined herein. This permit is issued in accordance with the provisions of the Mississippi Code Annotated, and the regulations and guidelines adopted and promulgated thereunder.

Mississippi Environmental Quality Permit Board

Mississippi Department of Environmental Quality

Issued/Modified: gp

SEP 16 2024

Expires: AUG 3 1 2009

Permit No. MS0055735

Agency Interest # 13262

CHEMICAL SPECIFIC SCREENING CALCUI ATION SHEET

FACILITY:	Meridian P	OTW - NAS	PERMIT No:	MS005573	E	CAL SPECIFIC	SCREENING	CALCULAT	ON SHEET		
. (%) =	75.5		MA (%)			0 M/UIOU IO M	0000 a		•		
	[1]	[2]	[3]	[4]	[5]	C WHICH IS WO	ORSE CASE	THAN MA, H	IOWEVER IF N	EEDED WILL (JSE MA***
	Max.	Max.	Acute	Pass	[၁] Long Term	[6]	[7]	[8]	[9]	[10]	[11]
PARAMETER	Conc.	Downstream	Criteria	or	-	LTA	Chronic	Pass	LTA	Human	Pass
	(mg/l)	Conc.	Allowable	Fail	Average of all Tests	Downstream	Criteria	or	Downstream	Health	or
		(mg/l) *	(mg/l)	ı dır		Conc.	Allowable	Fail	Conc.	Allowable	Fail
Antimony	0	Ò	0.0085	PASS	(mg/l) 0	(mg/l) **	(mg/l)		(mg/l) ***	(mg/i)	
Arsenic	0	O	0.34	PASS	0	0	0	PASS	0	0	PASS
Beryllium	0	0	0.00005	PASS	0	0	0.15	PASS	0	0.0000175	PASS
Cadmium	0.021	0.015855	0.00174	FAIL	0.00275	0	0	PASS	0	0	PASS
Chromium, (III)	0.4	0.302	0.323	PASS	0.00275	0.00207625	0.00062	FAIL	0.0021	0.01	PASS
Chromium, Hex.	0	0	0.016	PASS		0.074594	0.042	FAIL	0.0746	33.3	PASS
Copper	0.018	0.01359	0.007	FAIL	0	0	0.011	PASS	0	0.05	PASS
Lead	1.45	1.09475	3.00E-02	FAIL	0.0048	0.003624	0.005	PASS	0.0036	1	PASS
Mercury	0.000761	0.000574555	0.0021	PASS	0.8217	0.6203835	0.00118	FAIL	0.6204	0.05	FAIL
Nickel	0.15	0.11325	0.26		0.000345	0.000260475	0.000012	MONITOR	0.0003	0.000151	FAIL
Selenium	0	0	0.0118	PASS	0.0256	0.019328	0.029	PASS	0.0193	0.607	PASS
Silver	0.001	0.000755	0.00105	PASS	0	0	0.0046	PASS	0	0.01	PASS
Thallium	0	0.000700	0.007	PASS PASS	80000.0	0.0000604	0	MONITOR	0.0001	0.05	PASS
Zinc	0.115	0.086825	0.065	FAIL	0	0	0	PASS	0	0	PASS
Cyanide	0	0	0.022	PASS	0.04	0.0302	0.065	PASS	0.0302	5	PASS
Phenol	Ō	Ô	0.022	PASS	0	0	0.0052	PASS	0	0.2	PASS
Penta	ō	n	0.0087	PASS	0.	0	0.102	PASS	0	0.3	PASS
P-Chloro-M-Cresol	Ö.	. 0	0.0007	PASS	0 .	0	0.0067	PASS	0	0.03	PASS
2-Chlorophenol	0	0			0	0			0		
2,4-Dichlorophenol	0	0			0	0			0	0.4	PASS
2,4-Dimethylphenol	0	0			0	0			0	0.79	PASS
4,6-Dinitro-O-Cresol	0	0			0	0	,		0	2.3	PASS
2,4-Dinitrophenol	0	0			0	0			0	0.765	PASS
2-Nitrophenol	Ô	0		*****	0	0			0	14	PASS
4-Nitrophenol	0	0	-	******	0	0			0	Prompte	
2,4,6-Trichlorophenc	0	. 0	-		0	0			0	*****	
* Max. Conc. X IWC/1	_		in denetes a sustain	45-4 :	0	. 0			0	0.0065	PASS
# 1 TA V 1400/100		110(68,	ND denotes a value	mat is non-d	etected and/ or i	is given a value o	of zero.				

^{**} LTA X IWC/100

The IWC is simply the percentage of the receiving stream's flow that the applicant uses during low flow conditions.

The MA is the percentage of the receiving stream's flow that the applicant uses during average flow conditions.



^{***} LTA X MA/100

TABLE 1 Numeric Criteria for All Waters (μ g/L)

Parameter	Fresh	Water	Salt V	Vater	Human Health		
	Acute	Chronic	Acute	Chronic	Organisms Only	Water & Organisms	
Aldrin	3.0		1.3		0.00014	0.00013	
Ammonia	g	g	g	g			
Arsenic (III), Total Dissolved	340 ^r	150 ^r	69	36			
Arsenic, Total Dissolved					. 24 i	0.078 ⁱ	
Cadmium, Total Dissolved	1.74 b,f	0.62 b.f	43	9.3	168	5	
Chlordane	2.4	0.0043	0.09	0.004	0.0022	0.0021	
Chlorine	19	1!	13	7.5			
Chromium (Hex), Total Dissolved	16 '	11 '	1100	50	1470	98	
Chromium (III), Total Dissolved	323 ^{6,1}	42 b.i			140468	· · ·100	
Copper, Total Dissolved	7.0 b,1	5.0 5,1	4.8	3.1	1000	1000	
Cyanide	22.0 ^h	5.2 ^h	1.0 ^h	1.0	220000	200	
4,4 DDT	1.1	0.001	0.13	0.001	0.00059	0.00059	
Dieldrin	0.24	0.056	0.71	0.0019	0.000144	0.000135	
2,3,7,8 TCDD	•			,	1.0 ppq ^d	1.0 ppq ^d	
Endosulfan	0.22 ^j	0.056 ^J -	Q.034 ^J	0.0087	240 k	110 ^k	
Endrin	0.086	0.036	0.037	0.0023	0.814	0.76.	
Heptachlor	0.52	0.0638	0.053	0.0036	. 0.000214	0.000208	

Parameter	Fresh	Water	Salt V	Vater	Human Health		
i ai ameet	Acute	Chronic	Acute	Chronic	Organisms Only	Water & Organisms	
	0.05	0.08	0.16		0.0625	0.0186	
Hexachlorocyclohexane(Lindane)	0.95 30 b,i	1.18 5,1	210	8.1		15	
Lead, Total Dissolved		0.012	1.8	0.025	<u>.</u> -		
Mercury (II), Total Dissolved	2.1'	0.012	1.0		0.153	0:151	
Mercury		29 b,l	75	8,3	4584	607	
Nickel, Total Dissolved	260 ^{6,1}	29	. 167 °	18.5 °			
		. 100	300	58	300	300	
Phenol	300	162		7.9°	8.2	0.28	
Pentachlorophenol	8.7 °	6.7 °	13 °		0.2		
PCB 1242	0.2	0.014	1.0	0.03	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
PCB 1254	0.2	0.014	1.0	0.03		 	
PCB 1221	0.2	0.014	1.0	. 0.03		 	
PCB 1232	. 0.2	0.014	1.0	0.03			
PCB 1248	0.2	0.014	1.0	0.03			
PCB 1260	0.2	0.014	1.0	0.03			
PCB 1016	0.2	. 0.014	1.0	0.03		-	
- 1 DCD	 	·			0.00035	0.00035	
Total PCB Selenium, Total Dissolved	11.8 a,1	4.6 1	290 [†]	71	3365	50	
Silver, Total Dissolved	1.05 b,f		1.9			100	
Toxaphene	0.73	0.0002	0.21	0.0002	0.00075	0.00073	
Zinc, Total Dissolved	65 b,1	65 b.i	90	81	5000	5000	



PERMIT RATIONALE FOR REISSUANCE

Meridian POTW, Naval Air Station Facility
Lauderdale County
Meridian, Mississippi
Water NPDES No. MS0055735
June 3, 2004

CLASSIFICATION - Municipal Major

- DESCRIPTION OF WASTEWATER Municipal Domestic
- 2. DESCRIPTION OF WASTEWATER TREATMENT- Wastewater is collected and treated via a sequencing batch reactor (SBR) followed by UV disinfection and post-aeration. See <u>attachment No. 1</u> for flow schematic.
- 3. RECEIVING WATERS Sowashee Creek. The 2002 State of Mississippi's 303(d) List of Waterbodies, Section A., denotes the Sowashee Creek drainage area, Waterbody ID Number: MS061, located in Lauderdale County (At Meridian from headwaters to mouth at Okatibbee Creek), to be evaluated for aquatic life support due to biological impairment. Sowashee Creek is classified as Fish and Wildlife.
- 4. The 7Q10 of the receiving stream at the point of discharge of the POTW is 0.5 cfs. The discharge point is located within the Pascagoula Basin. See attachment No. 2 for discharge location map.

The instream wastewater concentration (IWC)7Q10 at the point of discharge is determined by the following calculation:

$$IWC7Q10 = \frac{Qw}{Qr + Qw} * 100$$

Where, Qw = Design flow of the wastewater treatment facility Qr = Receiving stream 7Q10

IWC calculation for the Meridian-NAS POTW is as follows:

$$Qw = 1.0 \text{ MGD or } 1.55 \text{ cfs}$$

 $Qr = 0.5 \text{ cfs}$

$$\frac{1.55 \text{ cfs}}{0.5 \text{ cfs} + 1.55 \text{ cfs}} * 100 = 75.6\%$$

5. SUMMARY AND BASIS OF DISCHARGE LIMITATIONS

Parameter	<u>Value</u>	<u>Basis</u>
Flow	1.0 MGD	Design
BOD5	10 / 15 mg/l	Modeled
TSS	30 mg/l / 45 mg/l	Technology Based
Fecal Coliform (May-Oct.) (NovApr.)	200 / 400 col. / 100ml 2,000/4,000 col. / 100ml	MSWQS MSWQS
pH	6.0 - 9.0 SU	MSWQS
NH ₃ -N	2 / 3 mg/l	Modeled
Dissolved Oxygen	>6.0 mg/l	Modeled
Chlorine	0.015 / 0.02 mg/l	Modeled
Cadmium	0.0008 / 0.0023 mg/l	Modeled
Copper	0.0066 / 0.0093 mg/l	Modeled
Lead	0.0016 / 0.0397 mg/l	Modeled
Mercury	0.000016 / 0.0028 mg/l	Modeled
Chromium, (III)	0.06 / 0.43 mg/l	Modeled

See attached modeling data results Attachment No. 3.

Note: MSWQS = Mississippi State Water Quality Standards

6. Bioassay and Chemical Specific Evaluation

Bioassay

In accordance to State Regulation WPC-1 VI.B.2b., a whole effluent toxicity evaluation was performed as part of the renewal application. The applicant tested in accordance with "Long-Term Methods for estimating the chronic toxicity of Effluents and Receiving Water to Freshwater organisms". Long-term chronic WET tests were performed on ceriodaphnia dubia (invertebrates) and pimephales promelas (vertebrates). The WET tests on the species were performed in February 2004 and April 2004. Results of the WET tests are as follows and are included as attachment No. 4:

February 2004

Species IC25 Growth Results

Ceriodaphnia Dubia 12.71%

Pimephales Promelas

>100%

April 2004

Species

IC25 Growth Results

Ceriodaphnia Dubia

5.38%

Pimephales Promelas

>100%

Since the inhibition concentrations were less than the IWC of 75.6%, it is presumed that the effluent is toxic to the receiving waters. Additionally, only two sets of bioassays were performed versus the four sets that the application requires. Regardless, additional bioassays will be required due to failures. This requirement can be found in Part III.C.

Chemical Specific Analysis

Chemical specific analysis has been performed in accordance with State Regulations WPC-1 V1.B1. Municipalities shall determine the toxic characteristics of their wastewater by analyzing for the toxic pollutant listed in Table III of Appendix D of 40 CFR 122. The results are tabulated in <u>attachment No. 5</u>. The reported values are then analyzed and compared to water quality criteria to determine any possible toxic effect to the receiving waters. A synopsis of these calculations is listed in <u>attachment No. 6</u>. A column by column description of the calculations in attachment No. 6 is hereby provided:

Column No. 1 - Maximum concentration. The highest effluent reading of the parameter

Column No. 2 – The maximum concentration mixed with the receiving water IWC7Q10. This is calculated by the following equation.

{ Maximum concentration (Col. 1) * IWC%} / 100

Column No. 3 – Acute allowable – Chemical Specific State Water Quality Criteria (Attachment No.7)

Column No. 4 - Pass or Fail. If column 2 > column 3, then water quality criteria is exceeded and failure occurs.

Column No. 5 – Long term average (LTA) of all tests. The summation of the 12 samples divided by 12.

Column No. 6 - The long term average concentration mixed with the receiving water IWC7Q10. This is calculated by the following equation.

{LTA concentration (Col. 5) * IWC%} / 100

Column No. 7 - Chronic allowable – Chemical Specific State Water Quality Criteria (Attachment No. 7)

Column No. 8 - Pass or Fail. If column 6 > column 7, then water quality criteria is exceeded and failure occurs.

Column No. 9 - Human health determination. Long term average (Col. 5) is mixed with the mean annual flow (IWCMA) by the following equation.

(LTA concentration (Col.5) * IWCMA % } / 100

Column No. 10 - Human health allowable - State Water Quality Criteria (Attachment No.8).

Note: Organisms only column is used if receiving waters are not drinking water supply.

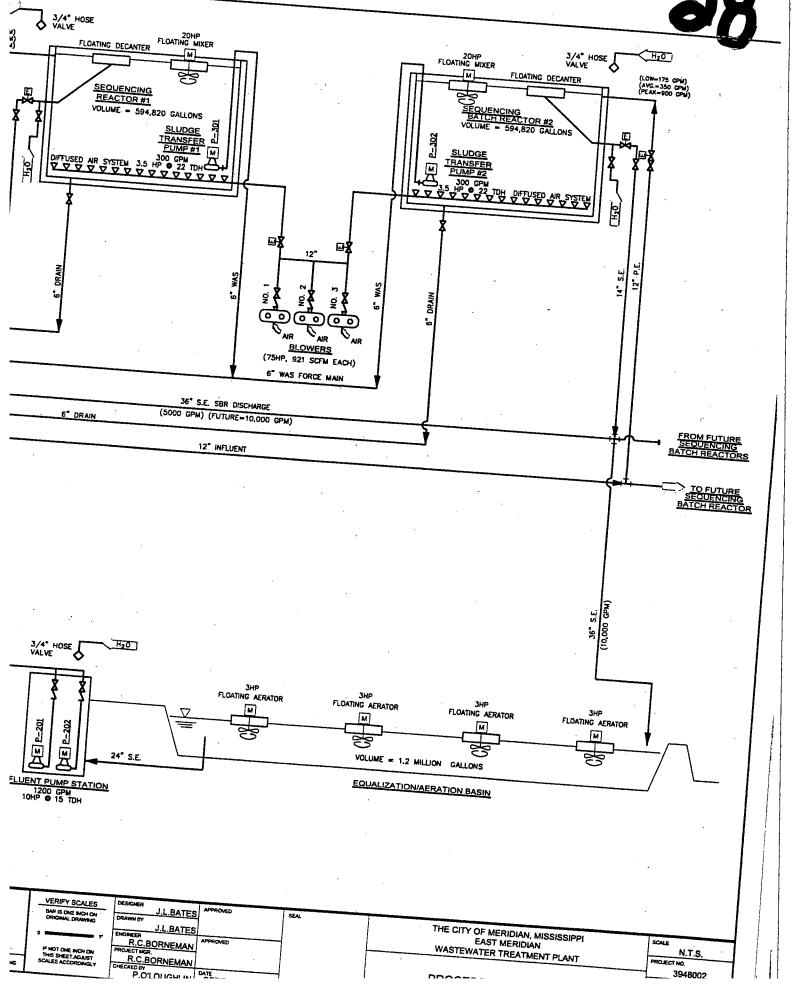
Column No. 11 - Pass or Fail. If column 9 >. column 10, then water quality criteria is exceeded and failure occurs.

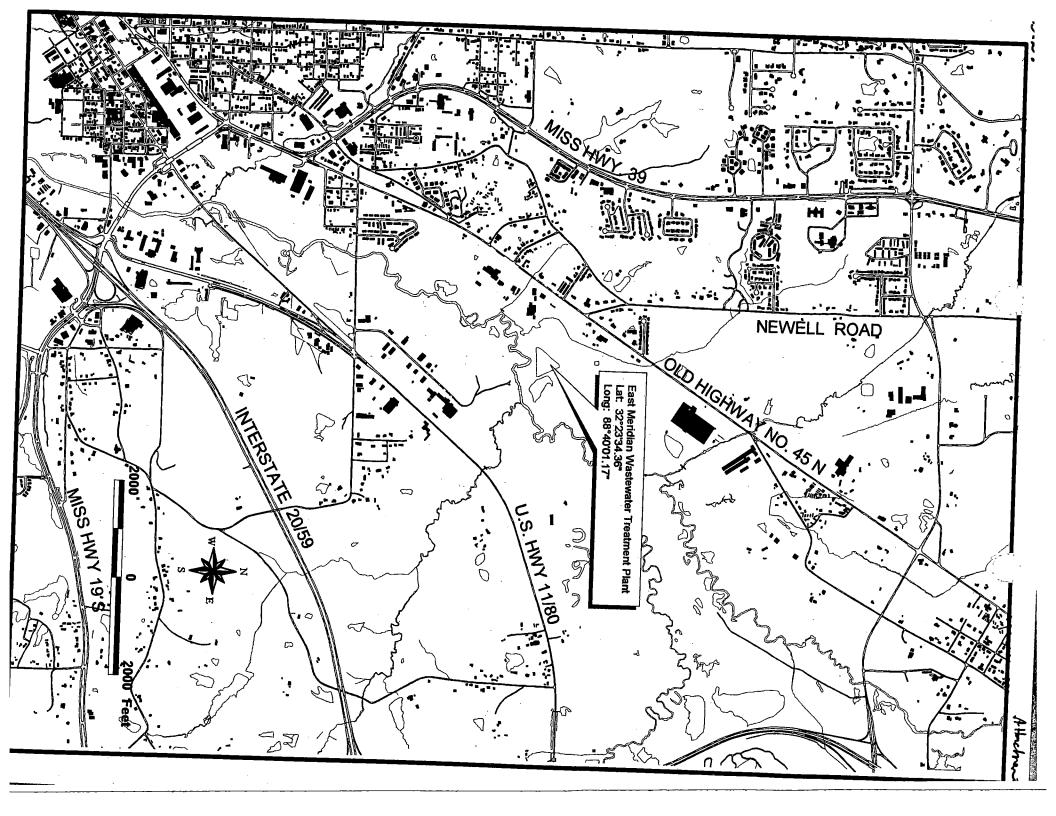
Chemical specific analysis results

In accordance to State Regulation WPC-1 VI.B.1b., analyses for toxic pollutants listed in Table II of Appendix D of 40 CFR 122 should be conducted as part of the renewal application. The regulations require two influent and two effluent samples be collected each month during the six-month period prior to the application submittal deadline date. Five (5) of the toxic pollutants, Cadmium, Chromium (III), Copper, Lead, and Mercury appeared to show the potential to exceed water quality criteria. Therefore, each will have limits in this draft permit. Two (2) of the toxic pollutants, silver and zinc, each had one sample which caused a failure. However, since there was only on sample that caused the failure, it is presumed that there is not reasonable potential to exceed water quality criteria. Additionally, a re-opener clause has been added to Part III.A.3 in the proposed draft permit. The re-opener clause states that the permit may be modified pending the results of a future TMDL on the receiving stream.

13262 PER20040001











STATE OF MISSISSIPPI Haley Barbour, Governor MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

MEMORANDIIM

To:	Chad Winter,	the models have designed as a second section of the section o	Project Enginee	er EPD						
From:	Greg Jackson, Chief, TI	cson, Chief, TMDL / WLA Branch								
Date:	May 20 2004	e desperation of the contract	MM * 21							
Facility:	WASTELO Meridian - NAS Faci	OAD ALLOCATIO	N FOR NPDES PE	ERMIT LIMITS						
	The state of the s	5000000000	The second of the second		1955 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
City:	Meridian		Oldardolo	·	001					
Receivin	g Water: Sowashee C	reek	uderdale	Basin:	Pascagoula					
٠		The second secon	The state of the s		0.50 cfs					
Please in	clude the following limits	s in the NPDES permi Annual	Summer	Winter						
	Discharge (MGD)	1.0	(May - Oct)	(Nov - Apr)						
	BOD5 (mg/l)	10.0	6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4							
	NH3-N (mg/l)	2.0	a tropic motors in a rain a rain	en e						
	Minimum DO (mg/l)	6.0		of the Control of the						
	Fecal Coliform (col/100ml)	** . **********************************	200	2,000						
	Cl ₂ (mg/l)	0.015			,					
Comment	Section 303(d)	n existing discharge or lo Monitored List, for Biolo at), at a future date, based	Jon the water quality o	he above effluent lim f Sowashee Creek or a	its may be revised (TMDL.					
'C:		A Branch Project E Branch Chief: Office of Polluti Jackson, Mississippi 39289-0385 • Tel:	ingineer: S. M.	Mn 5/	a annual trans, annual sign have been at the annual trans, the state of the annual sign have					



Davis Research, Inc.

P.O. Box 40, Avon, MS 38723-0040 Ph. (662) 332-1943 Fax (662) 332-0081

Test Results for City of Meridian *

Sample Description Test Organism ICp 25 Value (%)

Effluent Sample

Pimephales promelas >100.0

Ceriodaphnia dubia 5.38

^{*}A full report on each test in enclosed.

Davis Research, Inc.

P.O. Box 40, Avon, MS 38723-0040 Ph. (662) 332-1943 Fax (662) 332-0081

Test Results for City of Meridian *

Sample Description Test Organism ICp 25 Value (%)

Effluent Sample

Pimephales promelas >100.0

Ceriodaphnia dubia 12.71

^{*}A full report on each test in enclosed.

Parameter	1/30/20	04 2/13	2004	2/27		lysis Results F	OF INCLIDISID-IAMS	S POTW							
			2004	2/27/2004	4 3/3/200	04 3/15/200	04 3/29/200		204						<u> </u>
Antimony	N.D.	N.	D.	N.D.	N.D.	N.D.	N.D.		- -	9/2004	4/30/2004	5/10/20	04 5/19/200	5/28/200	4 Avera
Arsenic	N.D.	N.I).	N.D.	N.D.		N,D,	N.D		N.D.	N.D.	N.D.	N.D.	N.D.	0
Beryllium	N.D.	N.E	+		11,5.	N.D.	N.D.	N.D.		V.D.	N.D.	N.D.	N.D.	N.D.	
Cadmium	0.021	+	-	N.D.	N.D.	N.D.	N.D.	N.D.	,	I.D.	N.D.	N.D.	N.D.	N.D.	-
	. 0.021	N.D	_	N.D.	N.D.	N.D.	0.003	N.D.	0.	007	0.002	N.D.	N.D.	-	°
Chromium	0.078	N.D.		N.D.	N.D.	0.047	0.085	0.4	0.3	396	0.0645	 	·	N.D.	0.00275
Chromium HEX	N.D.	N.D.		N.D.	N.D.	N.D.	N.D.	N.D.	N.	+		0.044	0.049	0.022	0.09879166
Copper	0.009	N.D.		N.D.	N.D.	0.007	0.005	N.D.		-	N.D.	N.D.	N.D.	N.Đ.	0
Lead	1.23	0.33		0.735	0.6	1.45	0.995	 	N.I	-+-	N.D.	0.018	0.018	N.D.	. 0.00475
Mercury	0.000382	0.00076	0.	.00073	0.0000485	0.0000114		0.67	0,5	5	0.91	1.2	1.05	0.14	0.82166666
Nickel	N.D.	N.D.	+	N.D.	N.D.	0.15	0.0000602	0.000522	0.000	507	0.000375	0.000306	0.000219	0.000116	0.000344842
Selenium	N.D.	N.D.	1,	V.D.	N.D.	N.D.	0.125	0.013	0.01	5	N.D.	N.D.	N.D.	0.003	0.025583333
Silver	N,D.	N.D.	1	I.D.	N.D.	N.D.	N.D.	N.D.	N.D.		N.D.	N.D.	N.D.	. N.D.	0
Thallium	N.D.	N.D.	N	I.D.	N.D.	N.D.	N.D.	N.D.	N.D.	_	N.D.	N.D.	N.D.	0.001	8.33333E-05
Zinc	0.0325	0.021	+	-	0.115		N.D.	N.D.	N.D.	_	N.D.	N.D.	N.D.	N.D.	0
Cyanide	N.D.	N.C.				0.031	0.029	0.036	0.036	(0.033	0.042	0.032	0.028	0.04
·		N.D.	N.I	D.	N.D.	N.D.	N.D.	N.D.	N.D.		N.D.	N.D.	N.D.	N.D.	0
enolic Compounds	N.D.	N.D.	N.C	D. 1	N.D.	N.D.	N.D.	N.D.	N.D.	†	I.D.				U
entachiorophenol	N.D.	N.D.	N.D	. ^	N.D.	N.D.	N.D.			 		N.D.	N.D.	N.D.	0
							N.U.	N.D.	N.D.	N	.D.	N.D.	N.D.	N.D.	0



March 19, 2004

Mayor:

JOHN ROBERT SMITH (601) 485-1927 FAX: (601) 485-1911

Council members: **GEORGE M THOMAS** Ward 1

> MARY A. B. PERRY Ward 2

BARBARA HENSON Ward 3

JESSE E. PALMER, SR. Ward 4

BOBBY R. SMITH Ward 5

COUNCIL CLERK: (601) 485-1959 FAX: (601) 485-1913

Mr. Chad Winters MS Department Of Environmental Quality Office of Pollution Control P.O. Box 10385 Jackson, MS 39289-0385

Dear Mr. Winters:

The discharge permit for the East Meridian Wastewater Treatment Plant will expire on September 27, 2004, and the reapplication forms are due by March 27, 2004. Because the forms were mailed late, all of the testing and lab data will not be complete until May. At this time we are mailing Parts A & B of the reapplication forms. After all of the testing is complete, the entire packet including the Supplemental Application Information, the Toxicity Testing Data, and the Effluent Testing Information will be mailed to you. We are requesting a reissuance from the Director and Permit Board for new discharge permit.

Sincerely,

CITY DEPARTMENTS:

Chief Administrative Officer

(601) 485-1929 FAX: (601) 485-1911

FAX: (601) 485-1911

Finance and Records:

(601) 485-1946 FAX: (601) 485-1911

(601) 485-1822 FAX: (601) 485-1878

Parks and Recreation: (601) 485-1802

FAX: (601) 485-1851

Police:

(601) 485-1841 FAX: (601) 485-1960

Public Works:

(601) 485-1920 FAX: (601) 485-1864 Yolanda C. Brown

planda C-

Community Development: Chief Utility Plant Operator, WWTP

601 24th Avenue Post Office Box 1430 Meridian, MS 39302-1430 E-mail: cityhall@meridianms.org www.meridianms.org





GOVERNOR HALEY BARBOUR MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

March 23, 2004

Ms. Yolanda C. Brown Meridian POTW, Naval Air Station Facility PO Box 1430 Meridian, Mississippi 39302

Dear Ms. Brown

Re: Meridian POTW, Naval Air Station Facility Lauderdale County Water Ref. No. MS0055735

This letter is to acknowledge receipt of your application on March 22, 2004. Within forty-five days after the date of receipt of the application, you will be notified either the submitted application is complete or of the major components required to complete the processing of your permit application.

If any of these actions involve construction activities, please notify us of your projected schedule for commencement of construction and completion of construction if this information is not already contained in the submitted application.

If you have any questions regarding the application or the permitting process, please contact Chad Winter at (601) 961-5171.

> Sincerely, Jeesa Demungton

Teresa Dennington

Environmental Permits Division

cc:

Form Approved 1/14/99 OMB Number 2040-0086

FACILITY NAME AND PERMIT NUMBER:

East Meridian WWTP - MS0055735

PAF	RT A BASIC ADDI	CATION	NEODMATIC				ECE	
Alle	reatment works must a	CATION	INFORMATION FOR A	LL APPLICANTS:		///_	MAR 22	20
A.1.	Facility Information.	Eact 1	estions A.1 through A.8 o	of this Basic Application	n Information	packet.	Air	²⁰⁰⁴
	Facility name	Merid:	Meridian Wastew ian POTW, Naval	ater Treatmen Air Station	t Plant Facility		MDEQ	
	Mailing Address		30x 1430					
	-	Meridi	lan, MS 39302					
	Contact person	Yoland	la C. Brown	· 				
	Title	Chief	Utility Plant (Operator	·			
	Telephone number	(601)	485-1815					
*	Facility Address	3900 o	ld Highway 45 N	North				
	(not P.O. Box)	Meridi	an, MS 39301					
.2.	Applicant Information	. If the applic	cant is different from the abo	ove, provide the following				
	Applicant name		·		•			·
	Mailing Address							
		·						
(Contact person		·	4				
7	Title							
7	Telephone number			·				
Ŀ	s the applicant the ow	ner or opera	ator (or both) of the treatn	nent works?				
_	owner	x	operator					
lt	ndicate whether correspondicate whether corresponding X facility	ondence rega	arding this permit should be	directed to the facility or	the applicant.			
3. E	xisting Environmental nclude state-issued per	Permits. P	rovide the permit number of	any existing environmen	ital permits tha	it have been	issued to the tre	atment works
N	PDES MS0055	735		_ PSD				
	IC			_ Other	Sludge	Permit	#SW03500	30431
				_ Other				
. C	ollection System Informatity and, if known, provide	mation . Pro le informatio	ovide information on municip n on the type of collection s	alities and areas served ystem (combined vs. sep	by the facility. arate) and its	Provide the	name and popul	ation of each
N	ame		Population Served	Type of Collection			iunicipai, private nership	, etc.),
	aval Air Stat		4000	separat			nersnip nunicipal	
<u> </u>	acility, POTW	 ,				_ <u>_</u>	mircipal.	
						- -		, , , , , , ,
	Total populat	ion served	4000					<u> </u>

EPA Form 3510-2A (Rev. 1-99). Replaces EPA forms 7550-6 & 7550-22.

Does the treatment works land-apply treated wastewater?

If yes, provide the following for each land application site:

continuous or

d. Does the treatment works discharge or transport treated or untreated wastewater to another

Annual average daily volume applied to site:

Location:

Number of acres:

Is land application

treatment works?

No

No

Yes

ď

FACILITY NAME AND PERMIT NUMBER: Form Approved 1/14/99 East Meridian WWTP - MS0055735 OMB Number 2040-0086 If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe). n/a If transport is by a party other than the applicant, provide: Transporter name: Mailing Address: Contact person: Title: Telephone number: For each treatment works that receives this discharge, provide the following: Name: Mailing Address: Contact person: Title: Telephone number: If known, provide the NPDES permit number of the treatment works that receives this discharge. Provide the average daily flow rate from the treatment works into the receiving facility. mgd Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

If yes, provide the following for each disposal method:

Annual daily volume disposed of by this method:

Is disposal through this method

Description of method (including location and size of site(s) if applicable):

continuous or

No

FACILITY NAME AND PERMIT NUMBER:

East Meridian WWTP - MS0055735

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

Description of Outfa	001	· -
a. Outfall number	Meridian	3930 (Zip Code)
b. Location	(City or town, if application Lauderdal	MS
	(County) 32 degree	23'34.36" 88 degree 40'01.17" (Longitude)
	(Latitude)	, slow C creek levels
Distance from S	nore (if applicable)	appr. 4 m. w/average flow & creek 15.025
		t.W/18" discharge pipe
d. Depth below sure. e. Average daily fi		
f. Does this outfa discharge?	II have either an intermittent or	x Yes No (go to A.9.g.)
1	the following information:	2 or 3 time per week = 156 times per year
	es per year discharge occurs:	6 hrs per discharge
	ion of each discharge:	
Average flow		Jan - Dec
Months in whi	ch discharge occurs:	Yes X No
g. Is outfall equi	pped with a diffuser?	
.10. Description of F	teceiving Waters.	
a. Name of reco	eiving waterSov	washee Creek
	•	not known
	tershed (if known)	not known
	•	4-digit watershed code (if known): Tombigbee River Basin
c. Name of St	ate Management/River Basin ((if known):
United Stat	es Geological Survey 8-digit h	ydrologic cataloging unit code (if known):
d. Critical low acute	flow of receiving stream (if ap	chronic cfs
e. Total hard	ness of receiving stream at cri	tical low flow (if applicable): mg/l of CaCO ₃ Not Know

East Me	cidian WWTF	. – 11500;	<i>,,,,,,</i>					OMB Number 2040-0
	tion of Treatment						·	
a. Wha	t levels of treatment	t are provided?	2 Check all the	t annh				
	Primary	· Lie piovidogi	_					•
	Advanced			econdary ther. Describe:	Sea	uono m i	D	
b. Indic				wier. Describe:		dency ing	Batch Re	eactor (SBR)
	ate the following rer		•					
. Desi	on BOD _s removal <u>or</u>	r Design CBOI	D _s removal		_	85	%	
Desi	n SS removal		•	•	_	85 ————	%	· •
Desig	n P removal						 %	
Desig	n N removal			·	_			
Other					_		%	
c. What	type of disinfection	is used for the			_		%	
·	type of disinfection JV disinfec	is used for the	s enluent from	this outfall? If disi	nfection varies	by season, ple	ease describe.	
 ,								
If disir	fection is by chloring	nation, is dechl	orination used	for this outfall?			Yes	No
d. Does	he treatment plant l	have post aera	tion?			x ·	Yes	No
discharge collected to 40 CFR Pa	d. Do not include through analysis of rt 136 and other a effluent testing do	information of conducted us	on combined ing 40 CFR P	sewer overflows art,136 methods	in this section,	on. All inform this data mustor analytes no for analytes no	ation reported st comply with ot addressed han four and on	ata for the following which effluent is must be based on a QAQC requirement by 40 CFR Part 136, e-half years apart.
discharge collected (40 CFR Pa minimum,	d. Do not include through analysis of rt 136 and other a effluent testing do	information of conducted us appropriate Quata must be b	on combined ing 40 CFR P A/QC required pased on at lease	sewer overflows art 136 methods ments for standa ast three sample	in this section,	on. All inform this data mustor analytes no for analytes no	ation reported st comply with ot addressed han four and on	which effluent is must be based on c QA/QC requirement by 40 CFR Part 136. e-half years apart.
discharge collected (40 CFR Pa minimum,	d. Do not include hrough analysis of rt 136 and other a effluent testing do ber:	information of conducted us appropriate Quata must be b	on combined ing 40 CFR P A/QC require based on at lea	sewer overflows art 136 methods ments for standa ast three sample MAILY VALUE	s in this sections in this section. In addition, ard methods ses and must be	on. All inform this data mustor analytes no for analytes no	ation reported st comply with ot addressed han four and on	which effluent is must be based on c QA/QC requirement by 40 CFR Part 136. e-half years apart.
discharge collected of 40 CFR Pa minimum, Outfall num	d. Do not include hrough analysis of rt 136 and other a effluent testing do ber:	information of conducted us appropriate Quata must be b	on combined ing 40 CFR P A/QC required pased on at lease	sewer overflows art 136 methods ments for standa ast three sample	in this section,	on. All inform this data mustor analytes no for analytes no	ation reported st comply with ot addressed han four and on	which effluent is must be based on c QA/QC requirement by 40 CFR Part 136. e-half years apart.
discharge collected a 40 CFR Pa minimum, Outfall num	d. Do not include hrough analysis of rt 136 and other a effluent testing do ber:	information of conducted us appropriate Quata must be b	on combined ing 40 CFR P A/QC require based on at lea	sewer overflows art 136 methods ments for standa ast three sample MAILY VALUE	s in this sections in this section. In addition, ard methods ses and must be	on. All inform this data mustor analytes no for analytes no	outfall through ation reported st comply with	which effluent is must be based on c QA/QC requirement by 40 CFR Part 136. e-half years apart.
discharge collected of 40 CFR Pa minimum, Outfall num PA	d. Do not include hrough analysis of rt 136 and other a effluent testing do ber:	information of conducted us appropriate Quata must be b	on combined ing 40 CFR P A/QC require based on at lea	sewer overflows art 136 methods ments for standa ast three sample AILY VALUE	s in this section in addition, and methods ses and must be	on. All inform this data mustor analytes no for analytes no	ation reported st comply with ot addressed han four and on	which effluent is must be based on c QA/QC requirement by 40 CFR Part 136. e-half years apart.
discharge collected of 40 CFR Pa minimum, Outfall num PA I (Minimum)	d. Do not include hrough analysis of rt 136 and other a effluent testing do ber:	information of conducted us appropriate Quata must be b	on combined ing 40 CFR P A/QC require based on at lea	sewer overflows art 136 methods ments for standa ast three sample MAILY VALUE Units s.u.	s in this section in addition, and methods ses and must be	on. All inform this data mustor analytes no for analytes no	ation reported st comply with ot addressed han four and on	which effluent is must be based on c QA/QC requirement by 40 CFR Part 136. e-half years apart.
discharge collected of the collected of	d. Do not include through analysis of the 136 and other a effluent testing do ber: RAMETER	information of conducted us appropriate Quata must be b	on combined ing 40 CFR P A/QC require based on at lea	sewer overflows art 136 methods ments for standa ast three sample MAILY VALUE Units s.u.	s in this section in addition, and methods ses and must be	on. All inform this data mustor analytes no for analytes no	ation reported st comply with ot addressed han four and on	which effluent is must be based on c QA/QC requirement by 40 CFR Part 136. e-half years apart.
discharge collected (40 CFR Pa minimum, Outfall num PA (Minimum) d (Maximum) ow Rate emperature (Win	d. Do not include through analysis of the 136 and other a effluent testing do ber: RAMETER	information of conducted us appropriate Quata must be b	on combined ing 40 CFR PA/QC requires assed on at less MAXIMUM D	sewer overflows art 136 methods ments for standa ast three sample PAILY VALUE Units S.U. S.U.	s in this section in addition, and methods ses and must be	on. All inform this data mustor analytes no for analytes no	ation reported st comply with ot addressed han four and on	which effluent is must be based on c QA/QC requirement by 40 CFR Part 136. e-half years apart.
discharge collected (40 CFR Pa minimum, Outfall num PA (Minimum) (Maximum) ow Rate emperature (Win mperature (Sum For pH ple	d. Do not include through analysis of rt 136 and other a effluent testing date. RAMETER ter) mer) ase report a minimu	information of conducted us appropriate Quata must be b	on combined sing 40 CFR P A/QC requires assed on at less MAXIMUM D Value	sewer overflows art 136 methods ments for standa ast three sample PAILY VALUE Units S.U. S.U.	val	on. All inform this data mus for analytes n e no more th	ation reported st comply with ot addressed han four and on	which effluent is must be based on c QA/QC requirement by 40 CFR Part 136. e-half years apart.
discharge collected (40 CFR Pa minimum, Outfall num PA (Minimum) d (Maximum) ow Rate emperature (Win	d. Do not include through analysis of rt 136 and other a effluent testing date. RAMETER ter) mer) ase report a minimu	information of conducted us appropriate Quata must be b 001	on combined ing 40 CFR PA/QC requires assed on at less MAXIMUM D	sewer overflows art 136 methods ments for standa ast three sample PAILY VALUE Units S.U. S.U.	s in this section in addition, and methods ses and must be	on. All inform this data mus for analytes n e no more th	ANALYTICA	which effluent is must be based on c QA/QC requiremen by 40 CFR Part 136. e-half years apart.
discharge collected (40 CFR Pa minimum, Outfall num PA (Minimum) (Maximum) ow Rate emperature (Win mperature (Sum For pH ple	d. Do not include through analysis of rt 136 and other a effluent testing date. RAMETER ter) mer) ase report a minimu	information of conducted us appropriate Quata must be b 001	on combined sing 40 CFR P A/QC requires assed on at lessed on at lesse	sewer overflows art 136 methods ments for standa ast three sample PAILY VALUE Units S.U. S.U.	val	on. All inform this data mustor analytes no more that the control of the control	ANALYTICA METHOD	which effluent is must be based on a QA/QC requirement by 40 CFR Part 136. e-half years apart. Out C
discharge collected (40 CFR Pa minimum, Outfall num PA (Minimum) (Maximum) ow Rate mperature (Win mperature (Sum * For pH ple	d. Do not include through analysis of rt 136 and other a effluent testing date. RAMETER ter) mer) ase report a minimu	information of conducted us appropriate Quata must be boot 1	MAXIMUM D Value Mum daily value JM DAILY HARGE	sewer overflows art 136 methods ments for standa ast three sample VAILY VALUE Units S.U. S.U.	s in this section. In addition, and methods and must be and must be a section with the sect	on. All inform this data mus for analytes n e no more th	ANALYTICA	which effluent is must be based on a QA/QC requirement by 40 CFR Part 136. e-half years apart. Out C
discharge collected of 40 CFR Pa minimum, Outfall num PA (Minimum) (Maximum) (Maximum) www Rate mperature (Win mperature (Sun * For pH plei POLLU	d. Do not include through analysis of the 136 and other a effluent testing do ther: RAMETER ter) mer) ase report a minimu TANT	information of conducted us appropriate Quata must be bounded to the conducted us appropriate Quata must be bounded to the conducted to the co	MAXIMUM D Value Mum daily valu Units	sewer overflows art 136 methods ments for standa ast three sample VAILY VALUE Units S.U. S.U.	s in this section. In addition, and methods and must be and must be a section with the sect	on. All inform this data mustor analytes no more that the control of the control	ANALYTICA METHOD standard	which effluent is must be based on a QA/QC requirement by 40 CFR Part 136. e-half years apart. Out C
discharge collected of the collected of	d. Do not include through analysis of rt 136 and other a effluent testing distance. RAMETER ter) mer) ase report a minimu TANT ND NONCONVEN BOD-5	information of conducted us appropriate Quata must be bounded to the conducted us appropriate Quata must be bounded to the conducted to the co	MAXIMUM D Value Mum daily valu Units	sewer overflows art 136 methods ments for standa ast three sample VAILY VALUE Units S.U. S.U.	s in this section. In addition, and methods and must be and must be a section with the sect	on. All inform this data mustor analytes no more that the control of the control	ANALYTICA METHOD standard	which effluent is must be based on a QA/QC requirement by 40 CFR Part 136. e-half years apart. Out C
discharge collected of the collected of	d. Do not include through analysis of rt 136 and other a effluent testing distance. RAMETER ter) mer) ase report a minimu TANT ND NONCONVEN BOD-5	information of conducted us appropriate Quata must be bounded to the conducted us appropriate Quata must be bounded to the conducted to the co	MAXIMUM D Value Mum daily valu Units	sewer overflows art 136 methods ments for standa ast three sample VAILY VALUE Units S.U. S.U.	s in this section. In addition, and methods and must be and must be a section with the sect	on. All inform this data mustor analytes no more that the control of the control	ANALYTICA METHOD standard	which effluent is must be based on a QA/QC requirement by 40 CFR Part 136. e-half years apart. Out C
discharge collected (40 CFR Pa minimum, Outfall num PA d (Minimum) d (Maximum) ow Rate emperature (Win mperature (Sun For pH ple:	d. Do not include through analysis of rt 136 and other a effluent testing distance. RAMETER ter) mer) ase report a minimu TANT ND NONCONVEN BOD-5	information of conducted us appropriate Quata must be bounded to the conducted us appropriate Quata must be bounded to the conducted to the co	MAXIMUM D Value MIN DAILY HARGE Units	sewer overflows art 136 methods ments for standa ast three sample VAILY VALUE Units S.U. S.U.	Value Units Units	on. All inform this data mustor analytes no more that the control of the control	ANALYTICA METHOD standard methods	which effluent is must be based on a QA/QC requirement by 40 CFR Part 136. e-half years apart. Out C

FACILITY NAME AND PERMIT NUMBER:

East Meridian WWTP - MS0055735

_		eridian WWTP - MS0033733
ASI	IC A	APPLICATION INFORMATION
		ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR
RT		= 0 0 4 MCD (100 titl) (2000)5 DG (207)
	icant	200 Part of the 20.1 mort must answer questions B.1 through B.6. All others go to Part C (Certification).
appi		Taken to the average number of gallons per day that flow into the treatment works from the average number of gallons per day that flow into the treatment works from the average number of gallons per day that flow into the treatment works from the average number of gallons per day that flow into the treatment works from the average number of gallons per day that flow into the treatment works from the average number of gallons per day that flow into the treatment works from the average number of gallons per day that flow into the treatment works from the average number of gallons per day that flow into the treatment works from the average number of gallons per day that flow into the treatment works from the average number of gallons per day that flow into the treatment works from the average number of gallons per day that flow into the average number of gallons per day that
		gpd up to 50% of 110w during a most,
	Briefly	y explain any steps underway or planned to minimize inflow and infiltration.
:	The	y explain any steps underway or planned to minimize inflow and infiltration. re should be very little I & I from NAS to the treatment plant because of e new pipe lines. The infiltration must be located on the NAS facility.
	Topo map	ographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire
	area.	
	b. 1	The major pipes or other structures through which wastewater enters the treatment works and the property applicable. Treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
	_	Each well where wastewater from the treatment plant is injected underground.
la 1a	d.	Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 174 miles of the public record or otherwise known to the applicant.
		treated, or disposed.
/a	f.	If the treatment works receives waste that is classified as hazardous under the resource and where it is treated, stored, and/or disposed.
в.з.	pow	cess Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup er sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g. chlorination and left sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g. chlorination and hiorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between the trial transfer of the diagram.
B.4.	. Ори	eration/Maintenance Performed by Contractor(s).
	۸.۰	any operational or maintenance aspects (related to wastewater treatment and chicom quantity)
	соп	tractor? Yes X No example 1. Yes X Such a status of each contractor and describe the contractor's responsibilities (attach additional pages es, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages).
	If y	es, list the name, address, telephone number, and status of each contrasts of each contrast of eac
	Na	me:
	Ma	ailing Address:
1	Te	elephone Number:
	Re	esponsibilities of Contractor:
В.	ui	cheduled improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or incompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the eatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for eatment works has several different implementation schedules or is planning several by this implementation schedule.
	а	List the outfall number (assigned in question A.9) for each outfall that is covered by this important n/a
	b	 Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.
1		Yes X No

Feet	TY NAME AND PE				I	1	Form	Approved 1/14/99
	Meridian V						ОМВ	Number 2040-008
С	If the answer to E	3.5.b is "Yes," t	oriefly describe, inc	duding new max	imum daily inflow	rate (if applicab	le).	· · · · · ·
nla d.	Provide dates imp For improvement Indicate dates as	posed by any cos s planned indep accurately as p	ompliance schedul pendently of local, possible.	le or any actual o State, or Federa	lates of completio	on for the implem	nentation steps listed b tual completion dates,	elow, as applicab as applicable.
			Schedul		Actual Complete			,,
	Implementation S	-	MM / DE)/YYYY	MM / DD / YYYY		,	
	 Begin construct 	ion	//			•		
	- End construction	n	/	J				
	 Begin discharge 	1	/	/		_		
	 Attain operational 	al level	/	/		- -		
yae.	Have appropriate p	permits/clearan	ces concerning oth	ner Federal/State	Feauirements bo	on abtain 40		
	Describe briefly:				Aredonernetis De	en obtained?	N	D .
							•	
Appl requ this s data addre and c	licants that discharg ired by the permittir section. All informa must comply with (essed by 40 CFR F one-half years old.	NON reported in	nust be based on o	data collected the	rough analysis co	nducted using 4	rs. Provide the indical formation on combined 0 CFR Part 136 metho nts for standard metho ant scans and must be	sewer overflow
Appl requ this s data addre and c	licants that discharguired by the permitting section. All informations of the complexity of the comple	ge to waters of one authority for authority for otton reported in QA/QC requirer art 136. At a r	nust be based on d ments of 40 CFR p ninimum, effluent (data collected the Part 136 and oth testing data mus	rough analysis co er appropriate QA t be based on at I	nducted using 4 VQC requirement least three pollut	rs. Provide the indical formation on combined 0 CFR Part 136 metho nts for standard metho ant scans and must be	sewer overflow:
Appl requ this s data addre and c	licants that dischargined by the permitting section. All informations are comply with 0 cessed by 40 CFR Fone-half years old. all Number: 001	ge to waters of any authority for authority for authority for reported in QA/QC requirer Part 136. At a remark 136 MAXIM DISC	nust be based on one ments of 40 CFR in minimum, effluent of the minimum of the m	data collected the Part 136 and oth testing data mus	rough analysis co	nducted using 4 VQC requirement least three pollut	O CER Deat 400	sewer overflow:
Appl requ this s data addr and c Outfa	licants that dischargined by the permitting section. All information must comply with 0 cere by 40 CFR Fone-half years old. all Number: 001 LLUTANT	ge to waters of any authority for authority for authority for authority for authority for reported in 2A/QC requirer art 136. At a remark 136 MAXIM DISC Conc.	nust be based on one ments of 40 CFR in minimum, effluent of the minimu	data collected the Part 136 and oth testing data must AVERA	rough analysis co er appropriate QA t be based on at I	nducted using 4 VQC requirement least three polluter	O CFR Part 136 methons for standard methons for standard methons and scans and must be	sewer overflow
Appl required this so data address address and control of the POL	licants that dischargined by the permitting section. All informations must comply with 0 cessed by 40 CFR Frone-half years old. all Number: 001 LLUTANT	ge to waters of any authority for authority for authority for authority for authority for reported in 2A/QC requirer art 136. At a remark 136 MAXIM DISC Conc.	nust be based on one ments of 40 CFR in minimum, effluent of the minimu	data collected the Part 136 and oth testing data must AVERA	rough analysis co er appropriate Q/ t be based on at I	nducted using 4 VQC requirement least three polluter three pollute	O CFR Part 136 methons for standard methons and scans and must be a scans and must be	sewer overfloweds. In addition, de for analytes ne no more than fo
Appl requ this s data addre and c Outfa POL	licants that dischargined by the permitting section. All information must comply with 0 ressed by 40 CFR Fone-half years old. All Number: 001 LLUTANT DNAL AND NONCO	ge to waters of any authority for authority for authority for authority for authority for reported in 2A/QC requirer art 136. At a remark 136 MAXIM DISC Conc.	JUM DAILY CHARGE Units L COMPOUNDS.	data collected the Part 136 and oth testing data must AVERA	rough analysis co er appropriate Q/ t be based on at I	nducted using 4 VQC requirement least three polluter three pollute	of CFR Part 136 methods and scans and must be and scans and must be an experienced with the company of the comp	sewer overfloweds. In addition, de for analytes ne no more than fo
Appl requ this s data addre and c Outfa POL NVENTIC	licants that dischargined by the permitting section. All information must comply with 0 cers ed by 40 CFR Fone-half years old. All Number: 001 LLUTANT DNAL AND NONCOMES N)	ge to waters of any authority for authority for authority for authority for authority for reported in 2A/QC requirer art 136. At a remark 136 MAXIM DISC Conc.	nust be based on one ments of 40 CFR in minimum, effluent of the minimu	data collected the Part 136 and oth testing data must AVERA	rough analysis co er appropriate Q/ t be based on at I	nducted using 4 VQC requirement least three polluter three pollute	O CFR Part 136 methons for standard methons and scans and must be a scans and must be	sewer overfloweds. In addition, de for analytes ne no more than fo
Appl requ this s data addre and c Outfa POL NVENTIC MONIA (E LORINE (SIDUAL,	licants that dischargined by the permitting section. All informations are section. All informations are section. All informations are section and the section and the section and the section and the section are sections. DNAL AND NONCOMES N) (TOTAL TRC) n/a	ge to waters of any authority for authority for authority for authority for authority for reported in 2A/QC requirer art 136. At a remark 136 MAXIM DISC Conc.	JUM DAILY CHARGE Units L COMPOUNDS.	data collected the Part 136 and oth testing data must AVERA	rough analysis co er appropriate Q/ t be based on at I	nducted using 4 VQC requirement least three polluter three pollute	of CFR Part 136 methods and scans and must be and scans and must be an experienced with the company of the comp	sewer overflows ods. In addition, ds for analytes n e no more than fo
Appl requestions so data address and courter POL MONIA (a SOLVED	licants that discharguired by the permitting section. All information must comply with 0 ressed by 40 CFR Fone-half years old. All Number: 001 LLUTANT DNAL AND NONCOMES N) (TOTAL TRC) n/a	ge to waters of any authority for authority for authority for authority for authority for reported in 2A/QC requirer art 136. At a remark 136 MAXIM DISC Conc.	JUM DAILY CHARGE Units L COMPOUNDS.	data collected the Part 136 and oth testing data must AVERA	rough analysis co er appropriate Q/ t be based on at I	nducted using 4 VQC requirement least three polluter three pollute	O CFR Part 136 method ant scans and must be sent scans and scans are sent scans.	sewer overflows ods. In addition, ds for analytes ne e no more than fo
Appl requ this s data addre and c Outfa POL NVENTIC MONIA (a LORINE (SIDUAL, SOLVED	licants that dischargined by the permitting section. All information must comply with the sessed by 40 CFR permitting seed	ge to waters of any authority for authority for authority for authority for authority for reported in 2A/QC requirer art 136. At a remark 136 MAXIM DISC Conc.	nust be based on or ments of 40 CFR in minimum, effluent of the property of th	data collected the Part 136 and oth testing data must AVERA	rough analysis co er appropriate Q/ t be based on at I	nducted using 4 VQC requirement least three polluter three pollute	O CFR Part 136 method ant scans and must be sent scans and scans are sent scans.	sewer overflows ods. In addition, ds for analytes ne e no more than fo
Appl requ this s data addre and c Outfa POL NVENTIC MONIA (a LORINE (SIDUAL, SOLVED AL KJEL ROGEN (RATE PL	licants that dischargined by the permitting section. All information must comply with the cased by 40 CFR Frone-half years old. All Number: 001 LLUTANT DNAL AND NONCOMES N) (TOTAL TRC) n/a OXYGEN DAHL	ge to waters of any authority for authority for authority for authority for authority for reported in 2A/QC requirer art 136. At a remark 136 MAXIM DISC Conc.	nust be based on or ments of 40 CFR in minimum, effluent of the property of th	data collected the part 136 and oth testing data must AVERA	rough analysis co er appropriate Q/ t be based on at I	nducted using 4 VQC requirement least three polluter three pollute	O CFR Part 136 method ant scans and must be sent scans and scans are sent scans.	sewer overflows ods. In addition, ds for analytes ne e no more than fo
Appl requ this s data addre and c Outfa POL NVENTIC MONIA (a LORINE (SIDUAL, SOLVED	licants that discharguired by the permitting section. All information must comply with 0 ressed by 40 CFR pone-half years old. all Number: 001 LLUTANT DNAL AND NONCOMES N) (TOTAL TRC) n/a OXYGEN DAHL (TKN) US NITRITE	ge to waters of any authority for authority for authority for authority for authority for reported in 2A/QC requirer art 136. At a remark 136 MAXIM DISC Conc.	nust be based on or ments of 40 CFR in minimum, effluent of the property of th	data collected the part 136 and oth testing data must AVERA	rough analysis co er appropriate Q/ t be based on at I	nducted using 4 VQC requirement least three polluter three pollute	O CFR Part 136 method ant scans and must be sent scans and scans are sent scans.	sewer overflows ods. In addition, ds for analytes ne e no more than fo
Appl requ this s data addre and c Outfa POL NVENTIC MONIA (E SIDUAL, SOLVED FAL KJEL ROGEN (RATE PLI ROGEN and GRE,	licants that dischargined by the permitting section. All information must comply with 0 ressed by 40 CFR pone-half years old. all Number: 001 LLUTANT DNAL AND NONCOMES N) (TOTAL TRC) n/a OXYGEN DAHL (TKN) US NITRITE	ge to waters of any authority for authority for authority for authority for authority for reported in 2A/QC requirer art 136. At a remark 136 MAXIM DISC Conc.	nust be based on or ments of 40 CFR in minimum, effluent of the property of th	data collected the part 136 and oth testing data must AVERA	rough analysis co er appropriate Q/ t be based on at I	nducted using 4 VQC requirement least three polluter three pollute	O CFR Part 136 method ant scans and must be sent scans and scans are sent scans.	sewer overflows ods. In addition, ds for analytes ne e no more than fo
Appl requ this s data addre and c Outfa POL NVENTIC MONIA (E SIDUAL, SOLVED AL KJEL ROGEN (RATE PL ROGEN and GRE, SPHORL AL DISSO	licants that dischargined by the permitting section. All information must comply with (Pessed by 40 CFR Fone-half years old.) all Number: 001 LLUTANT DNAL AND NONCOMES N) (TOTAL TRC) n/a DOXYGEN DAHL (TKN) US NITRITE EASE US (Total) OLVED	ge to waters of any authority for authority for authority for authority for authority for reported in 2A/QC requirer art 136. At a remark 136 MAXIM DISC Conc.	nust be based on or ments of 40 CFR in minimum, effluent of the property of th	data collected the part 136 and oth testing data must AVERA	rough analysis co er appropriate Q/ t be based on at I	nducted using 4 VQC requirement least three polluter three pollute	O CFR Part 136 method ant scans and must be sent scans and scans are sent scans.	sewer overfloweds. In addition, de for analytes ne no more than fo
Appl requ this s data addre and c Outfa POL NVENTIC MONIA (E SIDUAL, SOLVED FAL KJEL ROGEN (RATE PLI ROGEN and GRE,	licants that dischargined by the permitting section. All information must comply with (Pessed by 40 CFR Fone-half years old.) all Number: 001 LLUTANT DNAL AND NONCOMES N) (TOTAL TRC) n/a DOXYGEN DAHL (TKN) US NITRITE EASE US (Total) OLVED	ge to waters of any authority for authority for authority for authority for authority for reported in 2A/QC requirer art 136. At a remark 136 MAXIM DISC Conc.	nust be based on or ments of 40 CFR in minimum, effluent of the property of th	data collected the part 136 and oth testing data must AVERA	rough analysis co er appropriate Q/ t be based on at I	nducted using 4 VQC requirement least three polluter three pollute	O CFR Part 136 method ant scans and must be sent scans and scans are sent scans.	sewer overflows ods. In addition, ds for analytes ne e no more than fo
Appl requ this s data addre and c Outfa POL NVENTIC MONIA (E SIDUAL, SOLVED FAL KJEL ROGEN (RATE PLI ROGEN and GRE, DSPHORL AL DISSO IDS (TDS	licants that dischargined by the permitting section. All information must comply with (Pessed by 40 CFR Fone-half years old.) all Number: 001 LLUTANT DNAL AND NONCOMES N) (TOTAL TRC) n/a DOXYGEN DAHL (TKN) US NITRITE EASE US (Total) OLVED	ge to waters of any authority for authority for authority for authority for authority for reported in 2A/QC requirer art 136. At a remark 136 MAXIM DISC Conc.	nust be based on or ments of 40 CFR in minimum, effluent of the property of th	data collected the part 136 and oth testing data must AVERA	rough analysis co er appropriate Q/ t be based on at I	nducted using 4 VQC requirement least three polluter three pollute	O CFR Part 136 method ant scans and must be sent scans and scans are sent scans.	sewer overflows ods. In addition, ds for analytes n e no more than fo

2A YOU MUST COMPLETE

		5 Approved 1114/99
FACILITY NAME AND PERMIT NUMBER:		Form Approved 1/14/99 OMB Number 2040-0086
FACILITY NAME AND FERMINE	25	
East Meridian WWTP - MS00557		
BASIC APPLICATION INFORMAT	TION	
DAOIC I		
PART C. CERTIFICATION		at this partification. All
Continu	ation statement, applicants con	nine who is an officer for the purposes of this certification. All lication Overview. Indicate below which parts of Form 2A you have firm that they have reviewed Form 2A and have completed all sections
that apply to trie facility for which	ampleted and are submitting	•
Indicate which parts of Form 2A you have co	ompreted and are expensed	I-domestion packet:
X Basic Application Information packet	Supplemental Application	Illiomation posteri
	Part D (Expande	d Effluent Testing Data)
	Part E (Toxicity	esting: Biomonitoring Data)
	Part F (Industrial	User Discharges and RCRA/CERCLA Wastes)
		d Sewer Systems)
·		
ALL APPLICANTS MUST COMPLETE THE FOLL	OWING CERTIFICATION.	
I certify under penalty of law that this document and to assure that qualified personnel properly gather an system or those persons directly responsible for gatic complete. I am aware that there are significant penalticulations.	all attachments were prepared d evaluate the information sub- hering the information, the infor alties for submitting false inform	under my direction or supervision in accordance with a system designer inited. Based on my inquiry of the person or persons who manage the mation is, to the best of my knowledge and belief, true, accurate, and lation, including the possibility of fine and imprisonment for knowing
Yolanda	a C. Brown, Chief	U.P.U.
Nemo and official title	1. 1 Dec.)

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

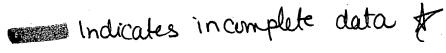
March 19, 2004

SEND COMPLETED FORMS TO:

Signature

Telephone number

Date signed





May 27, 2004



Mayor:

JOHN ROBERT SMITH (601) 485-1927 FAX: (601) 485-1911

Council members: GEORGE M THOMAS Ward 1

> MARY A. B. PERRY Ward 2

BARBARA HENSON Ward 3

JESSE E. PALMER, SR. Ward 4

BOBBY R. SMITH Ward 5

COUNCIL CLERK: (601) 485-1959 FAX: (601) 485-1913

CITY DEPARTMENTS:

(601) 485-1929

FAX: (601) 485-1911

Community Development: (601) 485-1910 FAX: (601) 485-1911

Finance and Records:

(601) 485-1946 FAX: (601) 485-1911

Fire: (601) 485-1822

FAX: (601) 485-1878

Parks and Recreation: (601) 485-1802 FAX: (601) 485-1851

(601) 485-1841 FAX: (601) 485-1960

Public Works: (601) 485-1920 FAX: (601) 485-1864

Mr. Chad Winters MS Department of Environmental Quality Office of Pollution Control P.O. Box 10385 Jackson, MS 39289-0385

Dear Mr. Winters

Re: Meridian POTW, Naval Air Station Facility

Lauderdale County Water Ref. # MS0055735

The discharge permit for the East Meridian Wastewater Treatment Plant will expire on September 27, 2004. Per our phone conversations, the new deadline for the reapplication forms are due on June 1,2004 which contains only the lab data I had thus far. We have the results for 8 out of 12 test samples and have one more sampling date scheduled for the end of the month. When all of the lab results Chief Administrative Officer return, I will sent a copy of the remaining test results, and will calculate and compute the new averages and maximum values for the metals, on page 10 of the Expanded Effluent Testing Data, Part D. It takes approximately three weeks to obtain results from the contract lab. I thank you for your assistance and cooperation.

Sincerely.

Ydanda (. Brown Yolanda C. Brown

601 24th Avenue Post Office Box 1430 Meridian, MS 39302-1430 E-mail: cityhall@meridianms.org www.meridianms.org

FACILITY NAME AND PERMIT NUMBER

East Meridian WWTP - MS0055735

FORM 2A

NPDES

NPDES FORM 2A APPLICATION OVERVIEW



APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER

East Meridian WWTP -

Form Approved 1/14/99 OMB Number 2040-0086

Information. Infor	plete questions A ast Meridian PC	Althrough A.8 of lan Wastewall Naval 30 S 39302 Brown ty Plant 0 315 Shway 45 No	perator	ent Plant n Facility		
works must com Information. If name Address P Address P Oerson Y Cl dress 39 Box) Me Information. If the	plete questions A ast Meridian PC	Althrough A.8 of lan Wastewall Naval 30 S 39302 Brown ty Plant 0 315 Shway 45 No	this Basic Application Treatm Air Station	ent Plant n Facility		
anne Address P Address P Critical Address S Enumber (6 Address S Addres	eridian PC .0. Box 14 eridian, M olanda C. nief Utili 601) 485-18 00 Old High	an Wastewa TW, Naval 30 S 39302 Brown ty Plant 0 315 Shway 45 No	eter Treatm Air Statio	ent Plant n Facility		
Derson Y City of the number ((city of the second s	eridian, Molanda C. nief Utili 601) 485-18 00 Old Hight ridian, MS	S 39302 Brown ty Plant 0 315 Shway 45 No	perator orth			
e number ((ddress 39 Box) Me Information. If the	olanda C. nief Utili 001) 485-18 000 Old Hig ridian, MS	Brown ty Plant O 315 Shway 45 No 3 39301	perator orth			
e number (6 ddress 39 Box) Me Information. If the	001) 485-18 00 01d Hig ridian, MS	315 ghway 45 No 39301	perator orth			
ddress 39 Box) Me Information. If the parme said	00 01d Hig ridian, MS	shway 45 No 3 39301		ing:		
Box) Me Information. If the name sand	ridian, MS	39301		ing:		
dress	•	rent from the abov	e, provide the follow	ing:		
number		1		:		
owner ther corresponden acility	x operator ce regarding this p applican	ermit should be di	ected to the facility			the treatment works
MS0055735			y existing environm	ental permits that h	ave been issued to	the treatment works
				Sludge P	ermit #SWO	350030431
vstem Information Nown, provide info	n. Provide informa mation on the type	tion on municipaliti		d by the facility. Proparate) and its own	ovide the name and	population of each
ir Station	Population 4000	Served	Type of Collect	ion System	Ownership	
No.	stem Information	stem Information. Provide information, provide information on the type Population Station 4000	stem Information. Provide information on municipalitic pwn, provide information on the type of collection system in the system information on the system information on the system in th	Other Stem Information. Provide information on municipalities and areas served cown, provide information on the type of collection system (combined vs. se Population Served Type of Collection Station 4000	Other Sludge P Other Other Other Type of Collection System Type of Collection System Other Other Type of Collection System Type of Collection System	Other Sludge Permit #SWO Other Other Other Other Type of Collection System Ownership TStation Other Other Sludge Permit #SWO Other Type of Collection System Ownership

Form Approved 1/14/99 OMB Number 2040-0086 FACILITY NAME AND PERMIT NUMBER East Meridian WWTP - MS0055735 A.5. Indian Country. a. Is the treatment works located in Indian Country? Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country? A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal. a. Design flow rate ___ This Year Last Year Two Years Ago 0.67 mad n/a n/a b. Annual average daily flow rate n/a 1.03 c. Maximum daily flow rate A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each. 100 Separate sanitary sewer Combined storm and sanitary sewer A.8. Discharges and Other Disposal Methods. a. Does the treatment works discharge effluent to waters of the U.S.? If yes, list how many of each of the following types of discharge points the treatment works uses: i. Discharges of treated effluent Discharges of untreated or partially treated effluent Combined sewer overflow points Constructed emergency overflows (prior to the headworks) Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Annual average daily volume discharged to surface impoundment(s) intermittent? continuous or Is discharge Does the treatment works land-apply treated wastewater? If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: continuous or Is land application Does the treatment works discharge or transport treated or untreated wastewater to another

treatment works?

FACILITY NAME AND PERMIT NUMBE.

East Meridian WWTP - MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

T	ean(s) by which the wastewater from the treatment works is discharged or transpo). $/\mathrm{a}$		
If transport is by a pa	ty other than the applicant, provide:		
Transporter name:			
Mailing Address:			
•			
• • •			
Contact person:			
Title:			
Telephone number:			
_	. ———		
For each treatment wo	rks that receives this discharge, provide the following:		
NJ	,		
Name:		<u> </u>	
Mailing Address:			
Contact person:			
Title:			
elephone number:			
f known, provide the N	PDES permit number of the treatment works that receives this discharge.		
Provide the average da	y flow rate from the treatment works into the receiving facility.		
			mgd
\\	s discharge or dispose of its wastewater in a manner not included in	-	
oes the treatment wor .8.a through A.8.d abo	/e (e.g., underground percolation, well injection)	Yes	X No
0	(e.g., underground percolation, well injection)?		
yes, provide the follow	ng for each disposal method:		
yes, provide the follow	(e.g., underground percolation, well injection)?		
yes, provide the follow escription of method (i	ng for each disposal method:		<u>-</u>

FACILITY NAME AND PERMIT NUMBER:

East Meridian WWTP - MS0055735

WASTEWATER DISCHARGES:

If you answered "yes" to question A.B.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.B.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

Des	cription of Outfall.	001				
a. (Outfall number		39307			
b.	Location	Meridian	(Zip Code)			
		(City or town, if applicable Lauderdale				
		(County) degree 2	23'34.36" <u>88 degree 40'01.17"</u> (Longitude)			
		(Latitude)				
c.	Distance from shore (if	fapplicable)				
	Depth below surface (•	4 m.W/18" discharge pipe			
đ.	3.38		0.67 mgd			
e.	Average daily flow rate					
	Doge this outfall have	either an intermittent or a p	periodic			
f.	discharge?		X Yes No (go to A.9.g.)			
	If yes, provide the folk	nwing information:	·			
	ir yes, provide the loss	,	2 or 3 time per week = 156 times per year			
	Number of times per	year discharge occurs:				
	Average duration of e	ach discharge:	6 hrs per discharge			
	Average flow per disc		0.67 mgd			
	Months in which disc		Jan - Dec			
g.	to a stall ansigned wi		Yes <u>X</u> No			
0. D	escription of Receivir	ng Waters.				
		Correc	hee Creek			
a.	Name of receiving w	ater				
	. Name of watershed	(if known)	not known			
ь	•		not known			
	United States Soil C	onservation Service 14-digi	git watershed code (if known):			
			Tombiobee River Basin			
c	. Name of State Mana	agement/River Basin (if kno				
	United States Gods	ogical Survey 8-digit hydrolo	ogic cataloging unit code (if known):not_known			
			•			
	d. Critical low flow of r	eceiving stream (if applicab	ble): not known chronic cfs			
	4	CIS				
	e. Total hardness of re	eceiving stream at critical lo	ow flow (if applicable): mg/l of CaCO3 not known			

FACILITY NAME AND PERMIT NUMBER

Form Approved 1/14/99 OMB Number 2040-0086

East										
A.11. De	escription of	Treatment,								
a.	What levels	of treatment	are provided?	? Check all tha	et anniv			•		
i		Primary		_	Secondary					
		Advanced			Other. Describe:	Sequer	ncing	Batc	h Resc	ctor (SBR)
b.	Indicate the	following ren	noval rates (as					<u> </u>	n Neac	LOI (SBK)
-			•			,	0.5			•
	•	•	Design CBO	D ₅ removal			85		%	
	Design SS r	emoval		•			85 		%	
	Design P re	noval							%	
	Design N re	noval .				_	<u> </u>		%	
	Other			•					 %	
C.	What type of	disinfection	is used for the	e effluent from	this outfall? If disin	fection varies	bu sosses	-l		
,	DV d	isinfec	tion		and obtiguit it dolls	rection valles	by season,	please des	cnbe.	
	If disinfection	is by chlorin	ation is dech	lorination use	d for this outfall?					
					o for this outfall?			_ Yes	_	No
đ.	Does the trea	itment plant h	have post aera	ation?	•		_ <u>x</u>	Yes		No
disc colle 40 C mini	charged. Do ected throug CFR Part 136	not include h analysis o and other a	information conducted us ppropriate Q	on combined sing 40 CFR I		itting author in this section, in addition,	rity <u>for eac</u> on. All info this data r	h outfail the rmation rep nust comp	rough wh ported mu ly with QA	ich effluent is ist be based on dat VQC requirements
disc colle 40 C mini	<u>charged</u> . Do ected throug CFR Part 136 imum, efflue	not include h analysis o and other a nt testing d	information conducted us ippropriate Quata must be i	on combined on combined sing 40 CFR I DA/QC require based on at le	uired by the pern sewer overflows art 136 methods.	itting author in this section, in addition,	ity <u>for eac</u> on. All info this data r or analyte e no more	h outfail the rmation rep nust comp	rough wh ported mu ly with QA essed by 4 and one-h	uich effluent is ust be based on data NGC requirements of 40 CFR Part 136. At alf years apart.
disc colle 40 C mini	charged. Do ected throug CFR Part 136 imum, efflue	not include h analysis o and other a nt testing d	information conducted us ippropriate Quata must be i	on combined on combined sing 40 CFR I DA/QC require based on at le	ulred by the perm I sewer overflows Part 136 methods, ements for standa east three sample	itting author in this section, in addition,	ity <u>for eac</u> n. All info this data r or analyte e no more	h outfall the rmation reports to make the complete such that the complete such that the court is the court and the court is the court in the court is the court in the court is the court in the court in the court is the court in the	ported muly with QA essed by 4 and one-h	ich effluent is ust be based on data NGC requirements of GER Part 136, An alf years apart.
disc colle 40 C mini	charged. Do ected throug FR Part 136 imum, efflue all number:	not include h analysis o and other a nt testing d	information conducted us ippropriate Q ata must be t	on combined on combined sing 40 CFR I DA/QC require based on at le	Julied by the permit is sewer overflows Part 136 methods. Perments for standars three samples DAILY VALUE	itting author in this section In addition In addition In addition In a must be and must be Valu	ity <u>for eac</u> n. All info this data r or analyte e no more	h outfall the rmation reports of the second	ported muly with QA essed by 4 and one-h	ich effluent is st be based on data VQC requirements of OCFR Part 136. At alf years apart. LUE Number of Samples
disc colle 40 C mini Outf	charged. Do ected through through the community of the co	not include h analysis o and other a nt testing d	information conducted us appropriate Q ata must be t	on combined on combined sing 40 CFR I DA/QC require based on at its MAXIMUM Value	Jured by the permit is sever overflows Part 136 methods. Part 136 methods. Part 156 methods as three samples. DAILY VALUE Units.	itting author in this section In addition In addition In a methods for a must be a must be	ity <u>for eac</u> n. All info this data r or analyte e no more	h outfall the rmation representation	ported muly with QA essed by 4 and one-h	ich effluent is ust be based on data NQC requirements of OCFR Part 136, At alf years apart.
disc colli 40 C mini Outfi H (Minima	charged. Do ected through through the community of the co	not include h analysis o and other a nt testing d	information conducted us appropriate Q ata must be t 001	MAXIMUM Value	Julied by the permit is sewer overflows Part 136 methods. Ements for standars three samples DAILY VALUE Units S.u. S.u.	value	ity <u>for eac</u> n. All info this data r or analyte e no more	h outfall the rmation representation	ported muly with QA essed by 4 and one-h	uich effluent is ust be based on data NQC requirements of the CFR Part 136. At alf years apart. LUE Number of Samples
Outf. H (Minimum (Maximum) (Maximum) (Maximum)	charged. Do ected through through the community of the co	not include h analysis o and other a nt testing d	information conducted us appropriate Quata must be to 001	on combined on combined sing 40 CFR I DA/QC require based on at its MAXIMUM Value	Units DAILY VALUE Units S.u. MGD	value 7.6	ity <u>for eac</u> n. All info this data r or analyte e no more	h outfall the rmation representation	ported mu ly with QA essed by 4 and one-h	ich effluent is ust be based on data VQC requirements of the CFR Part 136. At alf years apart. LUE Number of Samples
disc colle 40 C mini Outf H (Minimu H (Maximi low Rate emperature	charged. Do ected throug FR Part 136 imum, efflue fall number: PARAME um) um) re (Winter) J re (Summer)	not include h analysis of and other a ht testing da TER an - Ma Mar - Ma	information conducted us appropriate Gata must be in 001	MAXIMUM Value 7.0 0.7	DAILY VALUE Units S.u. MGD Celsius Celsius	value	ity <u>for eac</u> n. All info this data r or analyte e no more	h outfall the rmation representation	ported mu ly with QA essed by 4 and one-h	ich effluent is ist be based on data AVQC requirements of the CFR Part 136. At its part is alf years apart. LUE Number of Samples
H (Minimulation Rate emperature * For	charged. Do ected throug FR Part 136 imum, efflue all number: PARAME PARAME um) um) re (Winter) J re (Summer) pH please re	not include h analysis of and other a ht testing da TER an - Ma Mar - Ma	information conducted us appropriate Quata must be to 001	MAXIMUM Value 7.0 0.7 .03 2.8 1.7 imum daily va	DAILY VALUE Units S.u. MGD Celsius Celsius	value 7.6	ity <u>for eac</u> n. All info this data r or analyte e no more	h outfall the rmation representation	ported mu ly with QA essed by 4 and one-h	ich effluent is ust be based on data VQC requirements of the CFR Part 136. At alf years apart. LUE Number of Samples
Outf. H (Minimum) H (Maximum) H (Maximum) H emperatur * For	charged. Do ected throug FR Part 136 imum, efflue fall number: PARAME um) um) re (Winter) J re (Summer)	not include h analysis of and other a ht testing da TER an - Ma Mar - Ma	information conducted us appropriate Cata must be to 001 7 9 1 1 1 1 1 1 1 1 1 1 1 1	MAXIMUM Value 7.0 0.7	DAILY VALUE Units S.u. S.u. MGD Celsius Celsius Unus	value 7.6	ity <u>for eac</u> n. All info this data r or analyte e no more	h outfall the remaisse compose to the four a series of the series	DAILY VAL	uich effluent is ust be based on data NCC requirements 40 CFR Part 136. At alf years apart. LUE Number of Samples 48 47 48 ML / MDL
Outf. H (Minimum) H (Maximum) H (Maximum) H emperatur * For	charged. Do ected throug FR Part 136 imum, efflue all number: PARAME PARAME um) um) re (Winter) J re (Summer) pH please re	not include h analysis of and other a ht testing da TER an - Ma Mar - Ma	information conducted us appropriate Cata must be to 001 7 9 1 1 1 1 1 1 1 1 1 1 1 1	MAXIMUM Value 7.0 0.7 .03 2.8 1.7 imum daily value	DAILY VALUE Units S.u. S.u. MGD Celsius Celsius Unus	value 7.6	ity <u>for eac</u> n. All info this data r or analyte e no more	NOT STATE	us LYTICAL THOD	ich effluent is ist be based on data VQC requirements of 40 CFR Part 136. At all years apart. LUE Number of Samples 48 47 48
H (Minimula Maximula	charged. Do ected throug FR Part 136 imum, efflue fall number: PARAME PARAME um) re (Winter) J re (Summer) pH please re POLLUTANT	not include h analysis o and other a nt testing da TER An - Ma Mar - M poort a minimu	information conducted us appropriate Conc. Information conducted us appropriate Conc.	MAXIMUM Value 7.0 0.7 .03 2.8 1.7 imum daily value Units	DAILY VALUE Units S.u. S.u. MGD Celsius Celsius ue AVERAG	value 7.6 0.67 16.3	on. All info this data r or analyte e no more	NOT STATE	US	uch effluent is ust be based on data NGC requirements of the CFR Part 136. At all years apart. LUE Number of Samples 47 48 ML / MDL Detection
H (Minimula Maximila	charged. Do ected throug FR Part 136 imum, efflue fall number: PARAME PARAME um) re (Winter) J re (Summer) pH please re POLLUTANT	not include h analysis o and other a nt testing da TER An - Ma Mar - M poort a minimu	information conducted us appropriate Gata must be in 001 7 9 1 1 1 2 2 Imanda maximand a maximand a maximand a conc.	MAXIMUM Value 7.0 0.7 .03 2.8 1.7 imum daily value Units	DAILY VALUE Units S.u. S.u. MGD Celsius Celsius ue AVERAG	value Value DAILY DISC	ity for eac n. All info this data r or analyte e no more	ANAI MGD Celsi ANAI ME Star ME	us LYTICAL THOD	with effluent is set be based on data AVQC requirements of the control of the con
H (Minimum H (Maximum Properatur	charged. Do ected throug FR Part 136 imum, efflue fall number: PARAME PARAME Winter J POLLUTANT PAL OXYGEN	not include the analysis of and other a the sting discountry TER An - Ma Mar - Ma Moort a minimu	information conducted us appropriate Coata must be a coata mus	MAXIMUM Value 7.0 0.7 .03 2.8 1.7 imum daily value UM DAILY CHARGE Units	DAILY VALUE Units S.U. S.U. MGD Celsius Celsius AVERAG Conc.	value 7.6 0.67 16.3	on. All info this data r or analyte e no more	NOT STATE	us LYTICAL THOD	uch effluent is ust be based on data NGC requirements of the CFR Part 136. At all years apart. LUE Number of Samples 47 48 ML / MDL Detection
Outf. Outf. Outf. OH (Minimu. OH (Maximi. Flow Rate emperatur * For	charged. Do ected through the content of the conten	an - Ma TER An - Ma Mar - M Moort a minimu	information conducted us appropriate Coata must be a coata mus	MAXIMUM Value 7.0 0.7 .03 2.8 1.7 imum daily value UM DAILY CHARGE Units	DAILY VALUE Units S.u. S.u. MGD Celsius Celsius ue AVERAG Conc.	value Value DAILY DISC	ity for eac n. All info this data r or analyte e no more	ANAI MGD Celsi ANAI ME Star ME	US LYTICAL THOD Idard Chods	witch effluent is use to be based on data and the based on data and the based on

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE

Form Approved 1/14/99 FACILITY NAME AND PERMIT NUMBER:

ACILITY NAME AND PERMIT NUMBER:	OMB Number 2,040-0086
East Meridian WWTP - MS0055735	
BASIC APPLICATION INFORMATION	
PART B. ADDITIONAL APPLICATION INFORMATION FOR APPL	ICANTS WITH A DESIGN FLOW GREATER THAN OR
1 med must answer questions B.1 through	B.6. All others go to Fair C (Certification)
Taking to the average number of gallons per day that	at flow into the treatment works from the
gpd up to 50% of 110w during	, 2
Briefly explain any steps underway or planned to minimize inflow and infiltration.	on.
There should be very little I d I I'd I'd	ist be located on the NAS facility.
the new pipe lines. The Inflittation me	
B.2. Topographic Map. Attach to this application a topographic map of the area map must show the outline of the facility and the following information. (You map must show the outline of the facility and the following information.	a extending at least one mile beyond facility property boundaries. This may submit more than one map if one map does not show the entire
map must show the dutility of the	original deadline date.
a. The area surrounding the treatment plant, including all unit processes.	to and the pines or other structures through which
 The major pipes or other structures through which wastewater enters the treated wastewater is discharged from the treatment plant. Include out 	·
	ITOURG 1
d. Wells, springs, other surface water bodies, and drinking water wells the	at are. 1) Within 174 time of the party of t
Any areas where the sewage sludge produced by the treatment works	is stored, treated, or disposes.
f. If the treatment works receives waste that is classified as hazardous under special pipe, show on the map where that hazardous waste enters to	the treatment works and where it is treated, stored, and/or disposed.
B.3. Process Flow Diagram or Schematic. Provide a diagram showing the proposed power sources or redundancy in the system. Also provide a water balance dechlorination). The water balance must show daily average flow rates at it treatment units. Include a brief narrative description of the diagram.	rocesses of the treatment plant, including all bypass piping and all backup
B.4. Operation/Maintenance Performed by Contractor(s).	the recognition of a
Are any operational or maintenance aspects (related to wastewater treatment	ent and effluent quality) of the treatment works the responsibility of
contractor?Yes _X_No	actor and describe the contractor's responsibilities (attach additional pages
If yes, list the name, address, telephone number, and status of each control if necessary).	
Name:	
Mailing Address:	
Telephone Number:	
Responsibilities of Contractor:	
	ide information on any uncompleted implementation schedule or
B.5. Scheduled Improvements and Schedules of Implementation. Prov uncompleted plans for improvements that will affect the wastewater treat treatment works has several different implementation schedules or is pla	nning several improvements, submit soperation
each. (If none, go to question 5.0.) a. List the outfall number (assigned in question A.9) for each outfall the n/a	at is covered by this implementation schedule.
b. Indicate whether the planned improvements or implementation sch	edule are required by local, State, or Federal agencies.
Yes X_No	

FACILITY NAME AND PERMIT NUMBER

East Meridian WWTP - MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

	111	00000700		ľ			
c If the answer to	B.5.b is "Yes," t	oriefly describe, incl	uding new maxir	num daily inflow n	ate (if applicabl	de).	
							
d. Provide dates in For improvemer Indicate dates a	nposed by any conts planned indeposed by accurately as planned indeposed in the contract of th	ompliance scheduk pendently of local, s possible.	e or any actual da State, or Federal	ates of completion agencies, indicate	for the implem	entation steps listed be tual completion dates,	elow, as applicable. as applicable.
n/a		Scheduk	€ ,	Actual Completio	n .		
implementation :	<u> </u>	MM / DD	/YYYY	MM/DD/YYYY			
- Begin construc	ction	//	/				
 End constructi 		/	/				•
– Begin discharg		_/_	/	//			
- Attain operation	nal level		' —				
e. Have appropriate	permits/clearan	ces concerning oth	ier Federal/State	requirements bee			,
Describe briefly:					in obtained?	YesN	o n/a
		i			_		
Applicants that discha required by the permit this section. All inform data must comply with addressed by 40 CFR and one-half years old	nation reported r	nust be based on o	ata collected thr	ough analysis con	o not include in iducted using 4	normation on combine to CFR Part 136 meth	d sewer overflows in ods. In addition, thi
Outfall Number: 00					, and a point	and sound and most b	e no more man toui
POLLUTANT		MUM DAILY	AVERA	GE DAILY DISCH	HARGE		
on the second of	Conc.	CHARGE Units	Conc.				report lin
				Units	Number of Samples	ANALYTICAL METHOD	ML/MDL
INVENTIONAL AND NON	CONVENTIONA	L COMPOUNDS.		<u> </u>		L	
MONIA (as N)	1.1	mg/L	0.6	ma/7	T	standard m	
ILORINE (TOTAL SIDUAL, TRC)				mg/L	17	4500NH3	0.1
	0.06	mg/L	0.03	mg/L	9	4500C T G #	0.01
SSOLVED OXYGEN	12.8	mg/L	8.6	mg/L	47	4500-OG *	
TAL KJELDAHL ROGEN (TKN)	2.24	ppm	1.77	ppm	3	4500-NB	
RATE PLUS NITRITE ROGEN	0.084	DDM	0.610		2	4200-NR	0.01

END OF PART B.

0.610

0.787

69.0

137064.19 as CaCo3 87,806.99 as CaCo3

2.7

3

3

3

3

353.2

1664

365.4

160.1

130.2

ppm

ppm

ppm

ppm

ppm

ppm

ppm

ppm

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM **2A YOU MUST COMPLETE**

4.6

0.410

82.0

OIL and GREASE

PHOSPHORUS (Total)

Hardness

TOTAL DISSOLVED

SOLIDS (TDS)

OTHER

0.001

1.0

0.001

0.01

DEDMIT NUMBER		· `~	Form Approved 1/14/99 OMB Number 2040-0086
FACILITY NAME AND PERMIT NUMBER:) E		,
East Meridian WWTP - MS005573		<u></u>	
BASIC APPLICATION INFORMAT	ION	<u> various de la companya de la compa</u>	
PART C. CERTIFICATION		-i who is an officer for the pur	poses of this certification. All
PART C: CERTIFICATION All applicants must complete the Certification Section. applicants must complete all applicable sections of For completed and are submitting. By signing this certification apply to the facility for which this application is sub-	tion statement, applicants cor mitted.	firm that they have reviewed For	v which parts of Form 2A you have m 2A and have completed all sections
Indicate which parts of Form 2A you have co	mpleted and are submitting	:	
	Supplemental Application	Information packet:	
Basic Application Information packet	X Part D (Expande	d Effluent Testing Data)	•
		Testing: Biomonitoring Data)	Į.
	Det 5 (Industria	User Discharges and RCRA/CI	ERCLA Wastes)
	Part G (Combine	ed Sewer Systems)	
ALL APPLICANTS MUST COMPLETE THE FOLLS	OWING CERTIFICATION.	" "	in accordance with a system designed
I certify under penalty of law that this document and a to assure that qualified personnel properly gather and system or those persons directly responsible for gathe complete. I am aware that there are significant penal violations.	Il attachments were prepared evaluate the information subr ering the information, the infor tites for submitting false inform	mation is, to the best of my know nation, including the possibility of	e person or persons who manage the ledge and belief, true, accurate, and fine and imprisonment for knowing
Yolanda	C. Brown, Chief	U.P.O.	<u> </u>
Name and official title	rda C. Brow		
Signature	85-1815		
T-lbase number			}
May	x 25, 2004		
Date signed	7		
Upon request of the permitting authority, you must so	ubmit any other information n	ecessary to assess wastewater to	eatment practices at the treatment works
or identify appropriate permitting requirements.		1	

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

East Meridian WWTP - MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number:	001	(Complete cross for each custout at a transfer of the complete cross for each custout at a transfer of the complete cross for each custout at a transfer of the complete cross for each custout at a transfer of the complete cross for each custout at a transfer of the complete cross for each custout at a transfer of the complete cross for each custout at a transfer of the complete cross for each custout at a transfer of the complete cross for each custout at a transfer of the complete cross for each custout at a transfer of the complete cross for each custout at a transfer of the custout at a
		(Complete once for each outfall discharging effluent to waters of the United States.)
	TEARITY TO THE	

0.7 10.0 6.2 10.0 0.7 5.0 3.1 1.0
6.2 10.0
6.2 10.0
6.2 10.0
5.0
3.1 5.0
0.1 10.0
5.0
1E 0.0002
.2 5.0
.2 2.0
.1 2.0
.2 10.0
.1 50
.2 10.0
10.0
.2 -

FACILITY NAME AND PERMIT NUMBER

East Meridian WWTP - MS0055735

/B((2)) / (5)	Jon p. 3	VAXIMU	for each o			VER	AGE	DAILY	DISCHA	RGE	- 1		İ		
	Conc.	DISCH	Mass	Units	Conc.	Un	its	Mass	Units	Numb of Samp			YTICAL THOD	ML/ N	ADL
OLATILE ORGANIC COMPOUNDS.				Γ		1	\neg		1		\neg			5.0	
CROLEIN	ND	ppb			ND	PP	ь			3	\dashv	624	+		
ACRYLONITRILE						\perp								5.	
BENZENE		\coprod				_				1 1			-	1.	0
BROMOFORM															
CARBON TETRACHLORIDE						_ -			<u> </u>						
CLOROBENZENE	1				1	1			↓	1.					
CHLORODIBROMO-METHANE						\perp	_		1	1-1			<u> </u>	┼	
CHLOROETHANE					1		1					<u> </u>	 		
2-CHLORO-ETHYLVINYL ETHER			<u> </u>				_			1 1		 -			
CHLOROFORM					11		_		<u> </u>			<u> </u>		-	
DICHLOROBROMO-METHANE							\perp	ļ			_	<u> </u>	 		
1,1-DICHLOROETHANE					_ _		\downarrow	_				ļ	-		
1,2-DICHLOROETHANE					1.		1				_	-	<u> </u>		
TRANS-1,2-DICHLORO-ETHYLENE					_		\perp	-			-	-		-	
1,1-DICHLOROETHYLENE							\perp				 	<u> </u>			╂
1,2-DICHLOROPROPANE											-	-			-
1,3-DICHLORO-PROPYLENE								_			-				-
ETHYLBENZENE		,									-	-			<u> </u>
METHYL BROMIDE							Ц			_	\downarrow				-
METHYL CHLORIDE							Ш			_	1				
METHYLENE CHLORIDE	1										\perp				
1,1,2,2-TETRACHLORO-ETHANE	_										\perp	_		_	
TETRACHLORO-ETHYLENE	-										\perp				
TOLUENE	\top		\prod			I			.		+				1

East Meridian WWTP - MS0055735

Outfall number: 001	(Comp	ete onc	e for each	outfall d	ischar	ging	effluer	nt to wate	ers of the	United State	es.)	
POLLUTANT		MAXIM	UM DAIL HARGE	Y		AV	ERAG	E DAILY	DISCH	ARGE		
	Conc			Units	Con	ic.	Units	Mass	Units	Number of	ANALYTICAL METHOD	ML/ MDL
1,1,1-TRICHLOROETHANE	ND	ppb			ND	7	ppb			Samples 3	624	
1,1,2-TRICHLOROETHANE					1					Ť	024	1.0
TRICHLORETHYLENE						1						
VINYL CHLORIDE						1						
Use this space (or a separate sheet)	to provide in	formation	on other	volatile on	ganic c	omp	oounds r	equested	by the p	ermit writer.		1 4
ACID-EXTRACTABLE COMPOUND	s					\perp						
P-CHLORO-M-CRESOL	1	ГТ	. Т		·	$\overline{}$						
	ND	ppb			ND	P	pb			3	625	10.0
P-CHLOROPHENOL	11				\perp							
2,4-DICHLOROPHENOL												
,4-DIMETHYLPHENOL							\prod		-			
,6-DINITRO-O-CRESOL												
4-DINITROPHENOL					\top	T	TT	$\neg \dagger$		_		
NITROPHENOL					1	T				++		
NITROPHENOL		11			1	\vdash				++	_	
ENTACHLOROPHENOL					\dagger	\vdash			_	+		
ENOL		1			1					+	-	
,6-TRICHLOROPHENOL		1			_		5					
e this space (or a separate sheet) to	provide info	mation o	n other ac	id-extracta	ble co	mpo	unds re	quested b	y the per	mit writer.	\	
SE-NEUTRAL COMPOUNDS.												
ENAPHTHENE	ND p	nh		1								
ENAPHTHYLENE	ND E	pb		N	D	рp	b			3	625.	10.0
HRACENE		++-		_	H	\dashv	-					
ZIDINE	+	H		+	H	\dashv	-	-		╂-┼-	_	
ZO(A)ANTHRACENE	++	-			$\left \cdot \right $		+					
, ,	1 1			1		- 1	- 1	- 1	- 1	1 1		1 '

									- . ~ 		
BENZO(A)PYRENE	NTD.	Ţ			ND	ppb			5	625	10.0
FACILITY NAME AND PERMIT NO	JMBER: - MS(0557	35							OMB Numb	oved 1/14/99 per 2040-0086
Outfall number:001	all number: (Complete once for each outfall discharging efflue					effluent /ERAGE	to water	s of the	IRGE		ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	(AID IAIDE
3,4 BENZO-FLUORANTHENE	ND	ppb			ND	ppb			3	625	10.0
	1110	PPB	 	· ·	: 1			1	1	1 1	

BENZO(GHI)PERYLENE

BENZO(K)FLUORANTHENE

BIS (2-CHLOROETHOXY) METHANE

BIS (2-CHLOROETHYL)-ETHER

BIS (2-CHLOROISO-PROPYL)

BIS (2-ETHYLHEXYL) PHTHALATE

4-BROMOPHENYL PHENYL ETHER

4-CHLORPHENYL PHENYL ETHER

BUTYL BENZYL PHTHALATE

2-CHLORONAPHTHALENE

ETHER

LUORANTHENE LUORENE EXACHLOROBENZENE EXACHLOROBUTADIENE EXACHLOROCYCLO- ENTADIENE EXACHLOROETHANE DENO(1,2,3-CD)PYRENE DPHORONE PHTHALENE ROBENZENE BITROSODI-N-PROPYLAMINE BITROSODI-PHENYLAMINE	0557 te once MAXIMU DISCI- Units	for each JM DAIL JARGE			A\	ÆR.	luent AGE	to water DAILY		Nu Sar		es.)	FORM APPLICAL ETHOD	proved 1	114/99 140-0086 ML/ MDL
ast Meridian WWTP - MS00 Outfall number: 001 (Complete POLLUTANT M/ Conc. I Conc.	0557 te once MAXIMU DISCH Units	for each JM DAIL IARGE Mass	Y	C	A\	/ER	AGE	DAILY Mass	DISCH/	Nu Sar	mber of mples	AN/ M	OMB Nu	mber 20	ML/ MDL
Utfall number: 001 (Complete POLLUTANT M/ Conc.	MAXIMU DISCI- Units	for each JM DAIL IARGE Mass	Y	C	A\	/ER	AGE	DAILY Mass	DISCH/	Nu Sar	mber of mples	AN/ M	OMB Nu	mber 20	ML/ MDL
POLLUTANT Conc: I Conciliation	MAXIMU DISCH Units	JM DAIL JARGE Mass	Y	C	A\	/ER	AGE	DAILY Mass	DISCH/	Nu Sar	mber of mples	AN/ M	ETHOD		
CORC. CORC.	DISCI- Units	HARGE Mass			nc.	Un	its	Mass	Units	Nu Sar	mber of nples	М	ETHOD		
JORANTHENE JORENE JORENE KACHLOROBENZENE KACHLOROBUTADIENE KACHLOROCYCLO- ITADIENE KACHLOROCYCLO- ITADIENE KACHLOROETHANE ENO(1,2,3-CD)PYRENE PHORONE HTHALENE ROSODI-N-PROPYLAMINE TROSODI-METHYLAMINE TROSODI-PHENYLAMINE	Units	Mass	Units				- 1		Units	Sar	of nples	М	ETHOD		
JORENE ND P JORENE XACHLOROBENZENE XACHLOROBUTADIENE XACHLOROCYCLO- NTADIENE KACHLOROCYCLO- ppb			N	D	pp	b b	Ţ.·		_		6	25	1	0.0	
XACHLOROBENZENE KACHLOROBUTADIENE KACHLOROCYCLO- ITADIENE KACHLOROBUTADIENE KACHLOROBUTADIENE KACHLOROBUTADIENE KACHLOROBUTADIENE KACHLOROBUTADIENE KACHLOROBUTADIENE KACHLOROBUTADIENE KACHLOROBUTADIENE KACHLOROCYCLO- ITADIENE KACHLORO								2-						,	
XACHLOROBUTADIENE XACHLOROCYCLO- NTADIENE XACHLOROETHANE ENO(1,2,3-CD)PYRENE PHORONE PHTHALENE ROBENZENE TROSODI-N-PROPYLAMINE TROSODI-METHYLAMINE TROSODI-PHENYLAMINE													 	╁	+
KACHLOROCYCLO- UTADIENE KACHLOROETHANE ENO(1,2,3-CD)PYRENE PHORONE HTHALENE ROBENZENE TROSODI-N-PROPYLAMINE TROSODI-METHYLAMINE TROSODI-PHENYLAMINE													1 '	1	1.
ACCHLOROETHANE ENO(1,2,3-CD)PYRENE PHORONE HTHALENE ROBENZENE TROSODI-N-PROPYLAMINE TROSODI- METHYLAMINE TROSODI-PHENYLAMINE						\forall		ŀ	l			<u> </u>	 	-	
ENO(1,2,3-CD)PYRENE PHORONE PHTHALENE ROBENZENE TROSODI-N-PROPYLAMINE TROSODI- METHYLAMINE TROSODI-PHENYLAMINE					_	- 1							 		
PHORONE HTHALENE ROBENZENE TROSODI-N-PROPYLAMINE TROSODI- METHYLAMINE TROSODI-PHENYLAMINE	$\frac{1}{1}$				- 1	1									1
HTHALENE ROBENZENE TROSODI-N-PROPYLAMINE TROSODI- METHYLAMINE TROSODI-PHENYLAMINE	\top					7	T								
ROBENZENE TROSODI-N-PROPYLAMINE TROSODI- METHYLAMINE TROSODI-PHENYLAMINE						1	1								
TROSODI-N-PROPYLAMINE TROSODI- METHYLAMINE TROSODI-PHENYLAMINE						1									
TROSODI- METHYLAMINE TROSODI-PHENYLAMINE							1								
ROSODI-PHENYLAMINE						T									
															<u> </u>
IANTI IDENIE										7					
NANTHRENE												·			
ENE		T													
TRICHLOROBENZENE				4		T				1				-	
nis space (or a separate sheet) to provide informa	nation or	n other ba	se-neutr	al cor	npour	nds r	eque	sted by t	he permi	l write)r				▼
nis space (or a separate sheet) to provide informa		n other po	ollutants ((e.g.,	pestic	ides) requ	uested by	the perr	nit wr	iter.				
							· T-								

2A YOU MUST COMPLETE

EPA Form 3510-2A (Rev. 1-99). Replaces EPA forms 7550-6 & 7550-22.

East Meridian WWTP- MS0055735

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include n combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted

OA/QC requirements for standar In addition, submit the results of conducted during the past four articistic reduction evaluation, if or from have already submitted an	d methods for analytes for actives set any other whole effluent toxicity tests and one half years revealed toxicity, protein was conducted. y of the information requested in Part viously submitted information. If EPA at contain all of the information requested.	byide any information on the cause of the E. you need not submit it again. Rather, methods were not used, report the reas sted below, they may be submitted in plant of the control of	a whole effluent toxicity test toxicity or any results of a provide the information ons for using alternate methods.
E.1. Required Tests.			
acute	uent toxicity tests conducted in the past ollowing chart for each whole effluent	toxicity test conducted in the last four an	d one-half years. Allow one
column per test (where each species of	constitutes a test). Copy this page if manual Test number: 1a	ore than three tests are being reported. Test number: 1b	Test number:
	rest Huttiber		
a. Test information. Test species & test method number	ceriodaphnia Dubia	pimephales promelas	Method11000.0
Age at initiation of test	24 hours old	∠ 24 hours old	
Outfall number	001	-001	
Dates sample collected	Feb 9th, 11th & 13t	n 2004	
Date test started	Feb 10, 12, & 14 20	04	
Duration	7 days	7 days	<u>-</u>
b. Give toxicity test methods followe	d.	·	
Manual title	EPA/600/4-91/002, Chronic Toxicity of	effluents and recei	for estimating the ving waters to
Edition number and year of publication	Freshwater organism	s, 3rd edition, July	1994
Page number(s)	n/a		
c. Give the sample collection metho	d(s) used. For multiple grab samples	s, indicate the number of grab samples u	ised.
24-Hour composite	6 hour composite	6 hr	
Grab			<u></u>
d. Indicate where the sample was to	aken in relation to disinfection. (Check	all that apply for each)	<u>,</u>
Before disinfection			
After disinfection	х	х	
After dechlorination			

FACILITY NAME AND PERMIT NUMBERS

East Meridian WWTP - MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

	Test number: 1a	Test number: 1b	Test number:_
e. Describe the point in the ti	reatment process at which the sample was	collected.	
Sample was collected:	in effluent disch	arge channel, after l	IV disinformi
f. For each test, include whet	her the test was intended to assess chronic	to creek	distillection &
Chronic toxicity	x		
Acute toxicity		Х	
g. Provide the type of test per	formed.		
Static		T	T
Static-renewal	x	··	
Flow-through		X	-
h. Source of dilution water. If I	aboratory water, specify type; if receiving w		
Laboratory water		vater, specify source.	
Receiving water	X	х	
i. Type of dilution water. It salt	water, specify "natural" or type of artificial s		
resh water	Synthetic moderate	sea salts or brine used.	
Salt water	, moderate	ely hard diluted mine	eral water
j. Give the percentage effluent u	ised for all concentrations in the test series	<u> </u>	
	192		
	0,6.25,12.50,25,50,	100	_
k. Parameters measured during	ho toot (State)		
I	the test. (State whether parameter meets to	est method specifications)	
linity	8.7 - 9.4	8.7 - 9.4	-
mperature	<u>-</u>	-	-
	25 degrees C + 1 deg	grees 25 degree C	_
nmonia	_	-	
solved oxygen	8.2 - 10.1	8.2 - 9.3	<u> </u>
I. Test Results.			
ite: n/a			
Percent survival in 100% effluent	%	%	
LC ₅₀			<u> </u>
95% C.I.	%		
Control percent survival		%	%
F court out AtAUL	%		

ACILITY NAME AND PERMIT NUMBER				1.	Form Approved 1/14/99 OMB Number 2040-0086
East Meridian WWTP - MS	30055735				
Chronic:					· · · · · · · · · · · · · · · · · · ·
NOEC		%		<u></u> %	9
IC ₂₅	12.71	%	> 100%	<u></u> %	- 9
Control percent survival		%		<u> </u>	9
Other (describe)					<u> </u>
m. Quality Control/Quality Assurance	e				, , , , , , , , , , , , , , , , , , ,
s reference toxicant data available?	Hach Water Analy	ysis	Handbook		<u> </u>
Was reference toxicant test within acceptable bounds?	yes		yes		-
What date was reference toxicant test run MM/DD/YYYY)?	date of test		date of	test	-
Other (describe)					
E.3. Toxicity Reduction Evaluation. Is	the treatment works involved in	ı a Toxi	city Reduction Eval	uation?	
Yes <u>X</u> No If yes	, describe:				·
E.4. Summary of Submitted Biomonito of toxicity, within the past four and o results.	oring Test Information. If you ne-half years, provide the date	u have : s the int	submitted biomonit formation was subr	oring test informati nitted to the permit	on, or information regarding the cau ting authority and a summary of the
N/A Date submitted:	(MM/DD/YYYY)				
Summary of results: (see instruction	ons)	,			
					¥

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE.

FACILITY NAME AND PERMIT NUMBE

East Meridian WWTP - MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

10.00

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test
 conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a
 loxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.
 no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to

complete. E.1. Required Tests.			other sections of the form to
Indicate the number of whole	effluent toxicity tests conducted in the p	past four and one-half years.	
E.2. Individual Test Data. Complete t	- -	nt toxicity test conducted in the last for more than three tests are being repor	<u>ir and one-half years.</u> Allow one
<u> </u>	Test number: 2a	Test number: 2b	Test number:
a. Test information.			
Test species & test method number	Ceriodaphmia Dubia	Pimephales promelas	Method #1000.0
Age at initiation of test	∠ 24 hours old	∠ 24 hrs	_
Outfall number	001	001	-
Dates sample collected	April 5,7, & 9 2004		· _
Date test started	April 6, 8, & 10 20	Φ4	_
Duration 	7 days	7 days	_
b. Give toxicity test methods follow			·
Manual title		nort-term methods for effluents and receive	
dition number and year of publication	freshwater organisms	s, 3rd edition July	1994
age number(s)	n/a		
c. Give the sample collection metho	od(s) used. For multiple grab samples,	indicate the number of grab samples	used.
4-Hour composite	6 hour composite	6 hr	_
erab \			
d. Indicate where the sample was ta	ken in relation to disinfection. (Check a	Il that apply for each)	<u> </u>
efore disinfection			T
ter disinfection	х	x	
ter dechlorination			-

FACILITY NAME AND PERMIT NUMBER

Form Approved 1/14/99 OMB Number 2040-0086

st Meridian WWTP - MSC	0055735		Tabanahan
	Test number: 2a	Test number: 2b	Test number:
e. Describe the point in the treatmen	t process at which the sample was col	llected.	
mple was collected:	In effluent dischar		-
f. For each test, include whether the	test was intended to assess chronic to	oxicity, acute toxicity, or both.	
nronic toxicity	x	x	-
cute toxicity			
g. Provide the type of test performe	d.		
tatic	,		
tatic-renewal	x	х	_
low-through	atory water, specify type; if receiving v	water, specify source.	
	x	x	
aboratory water			
Receiving water	ter, specify "natural" or type of artificial	sea salts or brine used.	
	Synthetic, moderat	tely hard diluted min	neral water
Fresh water			
Salt water	to all concentrations in the test ser	ies.	
	ed for all concentrations in the test ser		_
	0, 6.25, 12.50, 2	J. 50, 100	
	11.1 14.1		
*.		ots test method specifications)	
k. Parameters measured during t	he test. (State whether parameter med	7.5 - 9.4	_
рН	7.5-9.4		_
Salinity		05. 1 C	
Temperature	25 degree C	25 degree C	
Ammonia			
Dissolved oxygen	7.9 - 9.1	7.9 - 9.1	<u>-</u>
I. Test Results.			
Acute: n/a			
Percent survival in 100% effluent		%	%
LC ₅₀			9/
95% C.I.		%	%
Control percent survival		%	%
Other (describe)			Page 16

Chronic: NOEC IC ₂₅ 5.38 Control percent survival Other (describe) m. Quality Control/Quality Assurance. Is reference toxicant data available? Was reference toxicant test within acceptable bounds? What date was reference toxicant test run (MM/DD/YYYY)?	% % r Analysis	Handbook	% 7100 % %	
Control percent survival Other (describe) m. Quality Control/Quality Assurance. Is reference toxicant data available? Was reference toxicant test within acceptable bounds? What date was reference toxicant test run Date of the	% % r Analysis		> 100 %	<u>-</u> /
Control percent survival Other (describe) m. Quality Control/Quality Assurance. Is reference toxicant data available? Was reference toxicant test within acceptable bounds? What date was reference toxicant test run Date of the	% r Analysis		> 100 %	<u>-</u> /
Other (describe) m. Quality Control/Quality Assurance. Is reference toxicant data available? Was reference toxicant test within acceptable bounds? What date was reference toxicant test run Date of the	r Analysis			
m. Quality Control/Quality Assurance. Is reference toxicant data available? Was reference toxicant test within acceptable bounds? What date was reference toxicant test run Date of the				
Was reference toxicant data available? Was reference toxicant test within yes acceptable bounds? What date was reference toxicant test run Date of the content of the co				
Was reference toxicant test within yes acceptable bounds? What date was reference toxicant test run Date of the control of th				
Acceptable bounds? What date was reference toxicant test run	- oat	yes		
What date was reference toxicant test run Date of t	-oat			-
	-est	date of	test	-
Other (describe)				
E.3. Toxicity Reduction Evaluation. Is the treatment works Yes X_No If yes, describe:			uation /	<u></u>
Summary of Submitted Biomonitoring Test Information of toxicity, within the past four and one-half years, provide results. N/A		ubmitted biomonito rmation was subm	ring test information, o	r information regarding the cause authority and a summary of the
Date submitted: (MM/DD/YYYY)	*			
Summary of results: (see instructions)				
				
				

2A YOU MUST COMPLETE.

	*.			
	TY NAME AND PERMIT NUMBER:		~ *	Form Approved 1/14/99 OMB Number 2040-0086
	t Meridian WWTP - MS0055735			
JP	PLEMENTAL APPLICATION INFORMATI	ON	ete ya ta a a a a a a a a a a a a a a a a a	
	T F. INDUSTRIAL USER DISCHARGES AND R	CRA/CERCLA WAS	TES N/A	
. 4	T F. INDUSTRIAL USER DISCHARGES AND Real atment works receiving discharges from significant industrial lete Part F.	users or which receive	RCRA, CERCLA, o	other remedial wastes must
	ERAL INFORMATION:			
<u>- 1 </u>	Pretreatment Program. Does the treatment works have, or is it su	bject to, an approved pretro	eatment program?	
	YesNo			
2.	Number of Significant Industrial Users (SIUs) and Categorica industrial users that discharge to the treatment works.	l Industrial Users (CIUs).	Provide the numbe	of each of the following types o
	a. Number of non-categorical SIUs.			
	b. Number of CIUs.		· 	
	THE PROPERTY OF THE PROPERTY O			
upp	NIFICANT INDUSTRIAL USER INFORMATION: by the following information for each SIU. If more than one SI de the information requested for each SIU.			
.3.	Significant Industrial User Information. Provide the name and	address of each SIU disch	arging to the treatme	nt works. Submit additional pag
	as necessary.			
	as necessary. Name:			
	as necessary.			
.4 .	as necessary. Name:	at affect or contribute to th	e SIU's discharge.	
·. 4 .	as necessary. Name: Mailing Address: Industrial Processes. Describe all of the industrial processes the	·		
	as necessary. Name: Mailing Address: Industrial Processes. Describe all of the industrial processes the second processes and the industrial processes the second processes.	·		
	as necessary. Name: Mailing Address: Industrial Processes. Describe all of the industrial processes the Principal Product(s) and Raw Material(s). Describe all of the	·		
	as necessary. Name: Mailing Address: Industrial Processes. Describe all of the industrial processes the Principal Product(s) and Raw Material(s). Describe all of the discharge.	·		
.5.	as necessary. Name: Mailing Address: Industrial Processes. Describe all of the industrial processes the principal Product(s) and Raw Material(s). Describe all of the discharge. Principal product(s):	·		
.4. :.5.	as necessary. Name: Mailing Address: Industrial Processes. Describe all of the industrial processes in Principal Product(s) and Raw Material(s). Describe all of the discharge. Principal product(s): Raw material(s):	principal processes and ra	w materials that affe	at or contribute to the SIU's

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: ____Yes ___No a. Local limits

b. Categorical pretreatment standards ____Yes ____No

_ gpd

__ gpd

If subject to categorical pretreatment standards, which category and subcategory?

gallons per day (gpd) and whether the discharge is continuous or intermittent.

(____continuous or ____intermittent)

(____continuous or ____intermittent)

FACILITY NAME AND PERMIT NUMBER		Form Approved 1/14/99
East Meridian WWTP - MS0055735		OMB Number 2040-0086
F.8. Problems at the Treatment Works Attributed to Waste Discharged by tupsets, interference) at the treatment works in the past three years?	he SIU. Has the SIU caused or contribu	ited to any problems (e.g.,
YesNo If yes, describe each episode.		
	<u> </u>	
		
RCPA HAZAPROUS WASTE DECEMED BY TRUCK DAY		
RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DE		
F.9. RCRA Waste. Does the treatment works receive or has it in the past three y YesNo (go to F.12.)	ears received RCRA hazardous waste b	y truck, rail, or dedicated pipe
F.10. Waste Transport. Method by which RCRA waste is received (check all tha	anniv).	
TruckRailDedicated Pipe	apply).	•
	· .	
F.11. Waste Description. Give EPA hazardous waste number and amount (volumes)	ne or mass, specify units).	
EPA Hazardous Waste Number Amount	<u>Units</u>	
	·	4
	 	*
ERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CO	RRECTIVE	
CTION MAG CERTAIN TO THE TOTAL TO THE TOTAL TOTA		
CTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WAST	EWATER:	
.12. Remediation Waste. Does the treatment works currently (or has it been not	EWATER:	dial activities?
7.12. Remediation Waste. Does the treatment works currently (or has it been not —Yes (complete F.13 through F.15.) —No	EWATER:	dial activities?
F.12. Remediation Waste. Does the treatment works currently (or has it been not Yes (complete F.13 through F.15.) No	EWATER:	dial activities?
F.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each calculated in the requested information (F.13 - F.15.)	EWATER: fied that it will) receive waste from remed rrent and future site.	
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each ca	EWATER: fied that it will) receive waste from remed rrent and future site.	
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each call. .13. Waste Origin. Describe the site and type of facility at which the CERCLARGE.	EWATER: fied that it will) receive waste from remed rrent and future site.	
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each call. 13. Waste Origin. Describe the site and type of facility at which the CERCLARGE.	EWATER: fied that it will) receive waste from remed rrent and future site.	
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each call. 13. Waste Origin. Describe the site and type of facility at which the CERCLARGE.	EWATER: fied that it will) receive waste from remed rrent and future site.	
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each call. .13. Waste Origin. Describe the site and type of facility at which the CERCLARGE.	EWATER: fied that it will) receive waste from remed rrent and future site.	
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each ca .13. Waste Origin. Describe the site and type of facility at which the CERCLA/RO the next five years). 14. Pollutants. List the hazardous constituents that are received (or an expectation).	EWATER: fied that it will) receive waste from remed ment and future site. RA/or other remedial waste originates (c	or is expected to originate in
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each ca 13. Waste Origin. Describe the site and type of facility at which the CERCLA/RO the next five years).	EWATER: fied that it will) receive waste from remed ment and future site. RA/or other remedial waste originates (c	or is expected to originate in
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each ca 13. Waste Origin. Describe the site and type of facility at which the CERCLA/RO the next five years). 14. Pollutants. List the hazardous constituents that are received (or an expectation).	EWATER: fied that it will) receive waste from remed ment and future site. RA/or other remedial waste originates (c	or is expected to originate in
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each ca 13. Waste Origin. Describe the site and type of facility at which the CERCLA/RO the next five years). 14. Pollutants. List the hazardous constituents that are received (or an expectation).	EWATER: fied that it will) receive waste from remed ment and future site. RA/or other remedial waste originates (c	or is expected to originate in
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each cather than 1.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RO the next five years). 14. Pollutants. List the hazardous constituents that are received (or are expected (Attach additional sheets if necessary).	EWATER: fied that it will) receive waste from remed ment and future site. RA/or other remedial waste originates (c	or is expected to originate in
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each cather than 1.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RO the next five years). 14. Pollutants. List the hazardous constituents that are received (or are expected (Attach additional sheets if necessary).	FWATER: fied that it will) receive waste from remed rrent and future site. RA/or other remedial waste originates (continue) to be received). Include data on volume	or is expected to originate in
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each cattle complete. Provide a list of sites and the requested information (F.13 - F.15.) for each cattle complete complete information (F.13 - F.15.) for each cattle complete com	FWATER: fied that it will) receive waste from remed rrent and future site. RA/or other remedial waste originates (continue) to be received). Include data on volume	or is expected to originate in
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each cat. .13. Waste Origin. Describe the site and type of facility at which the CERCLA/RO the next five years). .14. Pollutants. List the hazardous constituents that are received (or are expected (Attach additional sheets if necessary). .15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment woYesNo	FWATER: fied that it will) receive waste from remed frent and future site. RA/or other remedial waste originates (continue) to be received). Include data on volume	or is expected to originate in
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each cattle complete. Provide a list of sites and the requested information (F.13 - F.15.) for each cattle complete complete information (F.13 - F.15.) for each cattle complete com	FWATER: fied that it will) receive waste from remed frent and future site. RA/or other remedial waste originates (continue) to be received). Include data on volume	or is expected to originate in
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each cat. .13. Waste Origin. Describe the site and type of facility at which the CERCLA/RO the next five years). .14. Pollutants. List the hazardous constituents that are received (or are expected (Attach additional sheets if necessary). .15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment woYesNo	FWATER: fied that it will) receive waste from remed frent and future site. RA/or other remedial waste originates (continue) to be received). Include data on volume	or is expected to originate in
12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each cat. 13. Waste Origin. Describe the site and type of facility at which the CERCLA/RO the next five years). 14. Pollutants. List the hazardous constituents that are received (or are expected (Attach additional sheets if necessary). 15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment woYesNo	FWATER: fied that it will) receive waste from remed frent and future site. RA/or other remedial waste originates (continue) to be received). Include data on volume	or is expected to originate in
12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each cat. 13. Waste Origin. Describe the site and type of facility at which the CERCLA/RO the next five years). 14. Pollutants. List the hazardous constituents that are received (or are expected (Attach additional sheets if necessary). 15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment working yesNo If yes, describe the treatment (provide information about the removal efficience).	FWATER: fied that it will) receive waste from remed frent and future site. RA/or other remedial waste originates (continue) to be received). Include data on volume	or is expected to originate in
.12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each countries. .13. Waste Origin. Describe the site and type of facility at which the CERCLA/RO the next five years). .14. Pollutants. List the hazardous constituents that are received (or are expected (Attach additional sheets if necessary). .15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment work.	FWATER: fied that it will) receive waste from remed frent and future site. RA/or other remedial waste originates (continue) to be received). Include data on volume	or is expected to originate in
12. Remediation Waste. Does the treatment works currently (or has it been notYes (complete F.13 through F.15.)No Provide a list of sites and the requested information (F.13 - F.15.) for each or 13. Waste Origin. Describe the site and type of facility at which the CERCLA/RO the next five years). 14. Pollutants. List the hazardous constituents that are received (or are expected (Attach additional sheets if necessary). 15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment worYesNo If yes, describe the treatment (provide information about the removal efficient is the discharge (or will the discharge be) continuous or intermittent?	FWATER: fied that it will) receive waste from remed rrent and future site. RA/or other remedial waste originates (continue) to be received). Include data on volume	or is expected to originate in

2A YOU MUST COMPLETE

CILITY NAME AND PERMIT NU	MBER:		Form Approved 1/14/99 OMB Number 2040-0086
ast Meridian WWTP	1		
	LICATION INFORMATION		
UPPLEMENTAL APP	LICATION INFORMATION		
ART G. COMBINED SEW	VER SYSTEMS N/A		
	ined sewer system, complete Part G.		
1 System Map. Provide a map	indicating the following: (may be included with Basi	ic Application Information)	
	1		•
a. All CSO discharge points	utially affected by CSOs (e.g., beaches, drinking wa	iter supplies, shellfish beds, sen	sitive aquatic ecosystems, and
outstanding natural resou	rce waters).		· •
c. Waters that support threa	tened and endangered species potentially affected	by CSOs.	
a a Provide a	diagram, either in the map provided in G.1. or on a	separate drawing, of the combin	ned sewer collection system that
includes the following informa	tion:	•	
a Locations of major sewer	trunk lines, both combined and separate sanitary.		
a. Locations of major sewer	e separate sanitary sewers feed into the combined	sewer system.	
c. Locations of in-line and o	off-line storage structures.		
d. Locations of flow-regulati			
e. Locations of pump statio			
CSO OUTFALLS:	CCO - Uncharge point		
Complete questions G.3 through	n G.6 once for each CSO discharge point		
Complete questions G.3 through	G.6 once for each CSO discharge point.		
CSO OUTFALLS: Complete questions G.3 through G.3. Description of Outfall. a. Outfall number	G.6 once for each CSO discharge point.		
Complete questions G.3 through	n G.6 once for each CSO discharge point	•	
Complete questions G.3 through	G.6 once for each CSO discharge point. (City or town, if applicable)	(Zip Code)	_
Complete questions G.3 through G.3. Description of Outfall. a. Outfall number		(Zip Code)	
Complete questions G.3 through G.3. Description of Outfall. a. Outfall number		•	_
Complete questions G.3 through G.3. Description of Outfall. a. Outfall number	(City or town, if applicable) (County)	(Zip Code)	
Complete questions G.3 through G.3. Description of Outfall. a. Outfall number	(City or town, if applicable)	(Zip Code) (State)	
Gomplete questions G.3 through G.3. Description of Outfall. a. Outfall number b. Location	(City or town, if applicable) (County) (Latitude)	(Zip Code) (State)	
G.3. Description of Outfall. a. Outfall number b. Location c. Distance from shore (if	(City or town, if applicable) (County) (Latitude) applicable)	(Zip Code) (State) (Longitude)	
G.3. Description of Outfall. a. Outfall number b. Location c. Distance from shore (if	(City or town, if applicable) (County) (Latitude) applicable)	(Zip Code) (State) (Longitude)	
Complete questions G.3 through G.3. Description of Outfall. a. Outfall number b. Location c. Distance from shore (if	(City or town, if applicable) (County) (Latitude) applicable) f applicable) were monitored during the last year for this CSO?	(Zip Code) (State) (Longitude) ftft.	
c. Distance from shore (if	(City or town, if applicable) (County) (Latitude) applicable) f applicable) were monitored during the last year for this CSO? CSO pollutant concentrations	(Zip Code) (State) (Longitude)	
c. Distance from shore (if d. Depth below surface (if e. Which of the following	(City or town, if applicable) (County) (Latitude) applicable) applicable) were monitored during the last year for this CSO? CSO pollutant concentrations	(Zip Code) (State) (Longitude) ftft.	
Complete questions G.3 through G.3. Description of Outfall. a. Outfall number b. Location c. Distance from shore (if d. Depth below surface (if e. Which of the followingRainfallCSO flow volume	(City or town, if applicable) (County) (Latitude) applicable) fapplicable) were monitored during the last year for this CSO? CSO pollutant concentrationsReceiving water quality	(Zip Code) (State) (Longitude) ftft.	
c. Distance from shore (if d. Depth below surface (if e. Which of the following RainfallCSO flow volume	(City or town, if applicable) (County) (Latitude) applicable) applicable) were monitored during the last year for this CSO? CSO pollutant concentrations	(Zip Code) (State) (Longitude) ftft.	
Complete questions G.3 through G.3. Description of Outfall. a. Outfall number b. Location c. Distance from shore (if d. Depth below surface (if e. Which of the followingRainfallCSO flow volume	(City or town, if applicable) (County) (Latitude) applicable) fapplicable) were monitored during the last year for this CSO? CSO pollutant concentrationsReceiving water quality	(Zip Code) (State) (Longitude) ftft.	
c. Distance from shore (if d. Depth below surface (if e. Which of the following RainfallCSO flow volume f. How many storm even	(City or town, if applicable) (County) (Latitude) applicable) f applicable) were monitored during the last year for this CSO? CSO pollutant concentrationsReceiving water quality ts were monitored during the last year?	(Zip Code) (State) (Longitude) ftft.	
c. Distance from shore (if d. Depth below surface (if e. Which of the following RainfallCSO flow volume f. How many storm even G.4. CSO Events. a. Give the number of Care	(City or town, if applicable) (County) (Latitude) applicable) fapplicable) were monitored during the last year for this CSO? CSO pollutant concentrationsReceiving water quality	(Zip Code) (State) (Longitude) ftft.	

hours (____ actual or ___ approx.)

FACILITY NAME AND PERMIT NUMBER]	Form Approved 1/14/99
East Meridian WWTP - MS0055735		OMB Number 2040-0086
c. Give the average volume per CSO event.	<u> </u>	
million gallons (actual or approx.)		
d. Give the minimum rainfall that caused a CSO event in the last year.		
inches of rainfall		
G.5. Description of Receiving Waters.		
a. Name of receiving water:		
b. Name of watershed/river/stream system:		
United States Soil Conservation Service 14-digit watershed code (if known):	•	
c. Name of State Management/River Basin:		
United States Geological Survey 8-digit hydrologic cataloging unit code (if kn	nown):	· ·
G.6. CSO Operations.		
Describe any known water quality impacts on the receiving water caused by this intermittent shell fish bed closings, fish kills, fish advisories, other recreational los	CSO (e.g., permanent or intermittent ss, or violation of any applicable State	beach closings, permanent or ewater quality standard).
·		<u> </u>
END OF PART		
REFER TO THE APPLICATION OVERVIEW TO DETE	KMINE WHICH OTHER	REPARTS OF FORM

East Meridian WWTP - M50055735

FORM

2A

NPDES FORM 2A APPLICATION OVERVIEW

Form Approved
OMB Number (1940-195)

NPDES

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

ASIC APPL	LICATION INFOR	RMATION		·	
ART A. BASIC	APPLICATION INFO	ORMATION FOR ALL AP	PLICANTS:		
II treatment work	s must complete questi	ons A.1 through A.8 of this E	Basic Application Info	rmation packet.	
.1. Facility Info	rmation. East Men Meridian	ridian Wastewater n POTW, Naval Air	Treatment P.	Lant	
Mailing Addre	ess P.O. Bo	x 1430 n, MS 39302			·
Contact pers	son <u>Yolanda</u>	C. Brown			
Title	<u>Chief U</u>	tility Plant Oper	ator		
Telephone n	number <u>(601)</u> 4	85-1815			
Facility Addr		d Highway 45 Nort	th		
(not P.O. Bo					
4.2. Applicant I	Information. If the applica	ant is different from the above, I	orovide the following:		
Applicant na					
Applicant na					
• • •					
• •	dress				
Mailing Add	dress				
Mailing Add Contact per Title Telephone	rson				
Mailing Add Contact per Title Telephone	rson number	ator (or both) of the treatme			
Mailing Add Contact per Title Telephone Is the appl	number licant the owner or oper	ator (or both) of the treatme	nt works?		
Contact per Title Telephone Is the appl	number licant the owner or oper	ator (or both) of the treatmen operator garding this permit should be di	nt works?		
Contact per Title Telephone Is the appl	number licant the owner or oper owner	ator (or both) of the treatment operator garding this permit should be di applicant	nt works? rected to the facility or t	the applicant.	
Contact per Title Telephone Is the appl Indicate with X	number licant the owner or oper owner	ator (or both) of the treatment operator garding this permit should be di applicant	nt works? rected to the facility or t	the applicant.	ave been issued to the treatment work
Contact per Title Telephone Is the appl Indicate wh X A.3. Existing E	number licant the owner or oper owner X hether correspondence rec facility Environmental Permits.	ator (or both) of the treatment operator garding this permit should be di applicant	nt works? rected to the facility or t	the applicant.	ave been issued to the treatment work
Contact per Title Telephone Is the appl Indicate with X A 3 Existing E	number licant the owner or oper owner X hether correspondence registrative interesting in the correspondence	ator (or both) of the treatment operator garding this permit should be di applicant Provide the permit number of a	nt works? irected to the facility or to any existing environmen	the applicant.	
Contact per Title Telephone Is the appl Indicate wh X A.3. Existing E (include st NPDES UIC RCRA	number licant the owner or oper owner X hether correspondence rectacility Environmental Permits. tate-issued permits). MS0055735	ator (or both) of the treatment operator garding this permit should be di applicant Provide the permit number of a	irected to the facility or the	the applicant. Ital permits that had be sludge I	ave been issued to the treatment work Permit #SW0350030431
Contact per Title Telephone Is the appl Indicate wh X A.3. Existing E (include st NPDES UIC RCRA	number licant the owner or oper owner X hether correspondence registrative facility Environmental Permits. tate-issued permits). MS0055735	ator (or both) of the treatment operator garding this permit should be di applicant Provide the permit number of a	irected to the facility or the	the applicant. Ital permits that he sludge I	ave been issued to the treatment work Permit #SW0350030431
Contact per Title Telephone Is the appl Indicate wh X A.3. Existing E (include st NPDES UIC RCRA	number licant the owner or oper owner X hether correspondence registrative facility Environmental Permits. tate-issued permits). MS0055735	ator (or both) of the treatment operator garding this permit should be di applicant Provide the permit number of a	irected to the facility or the	the applicant. Ital permits that has a second seco	ave been issued to the treatment work Permit #SW0350030431

Total population served

4000

FACILITY NAME AND PERMIT NUMBE: Form Approved 1/14/99 East Meridian WWTP - M50055735 OMB Number 2040-0086 A.5. Indian Country. a. Is the treatment works located in Indian Country? Yes x b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal. a. Design flow rate Two Years Ago Last Year This Year b. Annual average daily flow rate n/a n/a 0.67 c. Maximum daily flow rate mad n/a n/a 1.03 A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent X Separate sanitary sewer 100 Combined storm and sanitary sewer A.8. Discharges and Other Disposal Methods. a. Does the treatment works discharge effluent to waters of the U.S.? Yes If yes, list how many of each of the following types of discharge points the treatment works uses: Discharges of treated effluent ii. Discharges of untreated or partially treated effluent iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) v. Other Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) continuous or intermittent? Does the treatment works land-apply treated wastewater? If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Is land application _ continuous or _ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another

Form Approved 1/14/99 OMB Number 2040-0086

FACILITY NAME AND PERMIT NUMBER:

East Meridian WWTP - MS0055735

e.g., tank truck, pipe). n/a	·		
transport is by a party other	than the applicant, provide:		٠
ransporter name:			
Mailing Address:	1		5
Contact person:			
itle:			
elephone number:		<i>i</i> -	
		,	
or each treatment works that	at receives this discharge, provide the following:		
di cadii tradii di di			
lame:			<u> </u>
Mailing Address:			
Vialing Address.			
-			
Contact person:			
Title:			
Telephone number:			
if known, provide the NPDE	S permit number of the treatment works that receives this discharge.		mgd
Provide the average daily flo	w rate from the treatment works into the receiving facility.		mga
a a transfer di	ischarge or dispose of its wastewater in a manner not included in e.g., underground percolation, well injection)?	s	x No
If yes, provide the following	for each disposal method:		
Description of method (inclu	uding location and size of site(s) if applicable):		
Annual daily volume dispos	ed of by this method:		
Is disposal through this me	intermittent?		

FACILITY NAME AND PERMIT NUMBER: East Meridian WWTP - MS0055735	
WASTEWATER DISCHARGES	

Form Approved 1/14/99 OMB Number 2040-0086

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9.	ם	escription of Outfall.				
	a	. Outfall number	001	·		
	Ь.	Location	Meridian		39	307
	٠		(City or town, if applicable) Lauderdale		(Zip (Code)
			(County)		MS (State	
			32' degree 23'3	34.36"		degree 40'01.17"
					(Long	gitude)
	C.	Distance from shore (if a		appr. 4	_ ft. W/avera	age flow & creek level
	d.	Depth below surface (if a	applicable)	4		discharge pipe
	е.	Average daily flow rate		0.67	mgd	,
	f.	Does this outfall have eit	her an intermittent or a periodic			
		discharge?	ner air intermittent of a periodic	~		
		If yes, provide the followi	ng information:	Yes	 .	No (go to A.9.g.)
		Number of times per yea	r discharge occurs	2 or 3 time r	or mal-	150
		Average duration of each		6 hrs per dis	charge	156 times per year
		Average flow per discharge	•	0.67	charge	
		Months in which discharg		Jan - Dec		mgd
	g.	Is outfall equipped with a	diffuser?	Yes	x _ ,	No
10 :	Dos	scription of Receiving W		e e e		
		ocidatel of Receiving M	aters.	•		•
ŧ	Э.	Name of receiving water	Sowashee C	reek		
t	Э.	Name of watershed (if kno	own)	not known		
		United States Soil Conser	vation Service 14-digit watershe	ed code (if known):	not k	cnown
C	;. ı	Name of State Manageme	nt/River Basin (if known):	Tombigh	ee River B	Basin
	1	United States Geological S	Survey 8-digit hydrologic catalog	ging unit code (if known):	no	t known
d		Critical low flow of receiving	g stream (if applicable): not			
e				chronic	cfs	
_		raidireds of receiving	stream at critical low flow (if a	oplicable):	mg/l of CaCO	not known
						1

Form Approved 1/14/99 OMB Number 2040-0086 FACILITY NAME AND PERMIT NUMBER: East Meridian WWTP - MS0055735 A.11. Description of Treatment. a. What levels of treatment are provided? Check all that apply. Primary Batch Reactor (SBR) Sequencing Other. Describe: Advanced b. Indicate the following removal rates (as applicable): Design BOD_s removal or Design CBOD_s removal Design SS removal Design P removal Design N removal Other c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. UV disinfection If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. 001 Outfall number: AVERAGE DAILY VALUE MAXIMUM DAILY VALUE PARAMETER Number of Samples Units Value Units Value 48 s.u. 7.6 7.0 s.u. pH (Minimum) 9.7 s.u. pH (Maximum) MGD 47 0.67 1.03 MGD Flow Rate 48 Celsius 16.3 Celsius 12.8 Temperature (Winter) Jan - Mar Celsius Temperature (Summer) Mar - May

* For pH please rep	ort a minimu	m and a maximi MAXIMUN DISCHA	I DAILY	AVERAGE	E DAILY DISCI	HARGE	ANALYTICAL METHOD	ML/MDL Detection
		Conc. Units		Conc.	Units	Number of Samples	standard methods	limits?
CONVENTIONAL AND N	ONCONVEN	ITIONAL COM	POUNDS.					
	BOD-5	9.6	mg/L	4.0	mg/L	15	5210 B	0.1
BIOCHEMICAL OXYGEN		7.0	<u></u>		-	-	-	
DEMAND (Report one)	CBOD-5				1	17	9222D	1 e.c
ECAL COLIFORM		9	colonie		col.	1-17-	2540B	1
TOTAL SUSPENDED SOL	IDS (TSS)	18	mg/L	8	mg/L	17	25401	<u> </u>

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

East Meridian WWTP - MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

	1.00000,000
BAS	APPLICATION INFORMATION
PART	EQUAL TO 0.1 MGD (100,000 gallons per day).
All app	nts with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).
	ow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.
-	gpd up to 50% of flow during a heavy rain event
E	fly explain any steps underway or planned to minimize inflow and infilmation
-	ere should be very little I & I from NAS to the treatment plant because of new pipe lines. The infiltration must be located on the NAS facility.
B.2. 1 n	pgraphic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire
а	All maps were sent in March on the original deadline date. The area surrounding the treatment plant, including all unit processes.
	he major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which reated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
C.	Each well where wastewater from the treatment plant is injected underground.
	Vells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment vorks, and 2) listed in public record or otherwise known to the applicant.
е.	any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
	the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, r special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.
dec	ss Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g. chlorination and rination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between ent units. Include a brief narrative description of the diagram.
	tion/Maintenance Performed by Contractor(s).
	y operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a $\frac{X}{X}$ No
If ye	ist the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages ssary).
Nan	
Mail	Address:
Tele	one Number:
	sibilities of Contractor:
. 155	Contract of Contractor.
treat each	led Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or letted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the nt works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for finding several improvements.
a.	t the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule. π/a
b.	icate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies. Yes $\frac{X}{C}$ No

FACILITY NAME AND PERMIT NUMB

East Meridian WWTP - MS0055735

n/a 			
Provide dates imposed by any co For improvements planned indep Indicate dates as accurately as p	elidelina or local, carret at a	al dates of completion for the implementation steps listed below, a derail agencies, indicate planned or actual completion dates, as appleted as a price.	as applica plicable.
IIIuloate datos es assers,	Schedule	Actual Completion	
Implementation Stage	MM / DD / YYYY	MM / DD / YYYY	
- Begin construction			
- End construction			
- Begin discharge		//	
- Attain operational level			
	ancer concerning other Federa	//State requirements been obtained?YesNo	
Have appropriate permits/clears	nnces concerning other recess	•	

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this unis section. An information reported must be based on data officered inforgh analysis conducted using 40 or N Part 130 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

POLLUTANT	DISCHARGE Conc. Units		AVERAGE	DAILY DISCHA		ANALYTICAL	report lim:		
			Conc.	Units	Number of Samples	METHOD			
CANTENTIONAL AND NONC	ONVENTIONAL	COMPOUNDS.		<u></u>		standard me			
AMMONIA (as N)			0.6	mg/L	17	4500NH3 B ★	0.1		
CHLORINE (TOTAL			0.03	mg/L	9	4500C T G ≱	0.01		
RESIDUAL, TRC) DISSOLVED OXYGEN			8.6	mg/L	47	4500−0G *	0.1		
TOTAL KJELDAHL	<u> </u>		1.77	ppm	3	4500-NB	0.01		
NITROGEN (TKN) NITRATE PLUS NITRITE		1	0.610		3	353.2	0.001		
NITROGEN		ppm	 	ppm	3	1664	1.0		
OIL and GREASE	4.6	ppm	0.787	ppm ppm	3	365.4	0.001		
PHOSPHORUS (Total)	0.410	ppm	0.707	P.***			0.01		
TOTAL DISSOLVED SOLIDS (TDS)	82.0	ppm	69.0	ppm	3	160.1	0.01		
OTHER Hardness			87,806.99	as CaCog	3	130.2	<u> </u>		

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM **2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUI	ABER:	
East Meridian WWTP	- MS0055735	Form Approved 1/14/99 OMB Number 2040-0086
BASIC APPLICATION I	NEORMATION	
PART C. CERTIFICATION		
completed and are submitting. By sign that apply to the facility for which this a	ing this certification statement, applicants confirm to pplication is submitted.	who is an officer for the purposes of this certification. All on Overview. Indicate below which parts of Form 2A you have that they have reviewed Form 2A and have completed all sections
	A you have completed and are submitting:	
Basic Application Informa	tion packet Supplemental Application Inform	nation packet:
•	X Part D (Expanded Efflu	
	Part E (Toxicity Testing	: Biomonitoring Data)
		Discharges and RCRA/CERCLA Wastes)
	Part G (Combined Sew	
ALL APPLICANTS MUST COMPLET	E THE FOLLOWING CERTIFICATION.	
I certify under penalty of law that this do to assure that qualified personnel prope system or those persons directly respon	cument and all attachments were prepared under m rly gather and evaluate the information submitted. E	ny direction or supervision in accordance with a system designed Based on my inquiry of the person or persons who manage the s, to the best of my knowledge and belief, true, accurate, and cluding the possibility of fine and imprisonment for knowing
Name and official title	Yolanda C. Brown, Chief U.P.	0.
Signature	Sanda C. Brown	
Telephone number \int	(601) 485–1815	

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Date signed

Form Approved 1/14/99 OMB Number 2040-0086

FACILITY NAME AND PERMIT NUMBER:

East Meridian WWTP - MS0055735

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or for the is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

utfall number: 001 POLLUTANT	MA	XIMUN DISCH	ADAILY					DISCH		ANIALNETICAL	ML/ MDL
	Conc. 1	Jnits	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	· · · · · · · · · · · · · · · · · · ·
TALS (TOTAL RECOVERABLE), CY	ANIDE, PH	ENOLS	, AND H	ARDNES	s.			·	1		
VIDMONY	ND	ppb			ND	ppb			12	200.7	10.0
RSENIC	ND	ppb	**		ND	ppb		ļ	12	206.2	10.0
ERYLLIUM	ND	ppb			ND	ppb		<u> </u>	12	200.7	5.0
ADMIUM	21.0	ppb			8.3	ppb		<u> </u>	12	213.1	1.0
HROMIUM	400	ppb			131.	ppb			12	218.1	5.0
OPPER	18.0	ppb			11.4	ppb			. 12	220.1	10.0
EAD	1450	ppb		·	821.	7ppb			12	239.1	5.0
MERCURY	.761	ppb			.345	ppb			12	1631E	0.0002
NICKEL	150	ppb			61.4	ppb			12	249.2	5.0
SELENIUM	ND	ppb			ND	ppb	,		12	270.2	2.0
SILVER	1.0	ppb			1.0) ppb			12	272.1	2.0
THALLIUM	ND	ppt	,		ND	ppb			12	279.2	10.0
ZINC	115	ppl			40	ppt	,		12	289.1	50
CYANIDE	ND	ppl	1		ND	PF	ъ		12	335.2	10.0
TOTAL PHENOLIC COMPOUNDS	ND	ppl	,		ND	PI	b		12	625	10.0
HARDNESS (AS CaCO ₃)	137,	064	.19 a	sCaC	03 87	,806	99a	sCaCo	3 3	130.2	
Use this space (or a separate sheet	to provide	informa	ition on o	ther meta	als request	ed by the	permit	writer.			
Ose mis shoot (s. c. c. c.		1.	1				<u> </u>				

FACILITY NAME AND PERMIT NUME

East Meridian WWTP - MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

Outfall number: 001	_ (Comp	lete onc	e for each	outfall di	schar	nina	efflix	ent to wat	ers of the	United Sta				
POLLUTANT	T	MAXIN	IUM DAIL	Y		AV	ERAC	GE DAILY	DISCH	ARGE	etes.)	 -	т	
,	Conc		Mass	Units	Cond		Units		Units	Number of		IALYTICAL METHOD	, N	IL/ MDL
VOLATILE ORGANIC COMPOUNDS.	<u>-</u> !	-	_l		L				<u></u>	Samples	J		<u> </u>	
ACROLEIN	ND	ppb			ND	I	ppb			3	6	24		5.0
ACRYLONITRILE												T		 0
BENZENE						T						<u> </u>		.0
BROMOFORM												†	 	1
CARBON TETRACHLORIDE						1								
CLOROBENZENE														
CHLORODIBROMO-METHANE						1								
CHLOROETHANE					1	\top	1							
2-CHLORO-ETHYLVINYL ETHER							1		-					
CHLOROFORM							1				-		-	<u></u> .
DICHLOROBROMO-METHANE						†	1							
1,1-DICHLOROETHANE			,	7	-	+	<u> </u>							
1,2-DICHLOROETHANE						+								l
TRANS-1.2-DICHLORO-ETHYLENE					_		1			+				
1,1-DICHLOROETHYLENE					1									
1,2-DICHLOROPROPANE			,		1									
,3-DICHLORO-PROPYLENE									-					
THYLBENZENE					\top	-				_		-		
METHYL BROMIDE		11			1									
METHYL CHLORIDE				1	+				_					
ETHYLENE CHLORIDE	11	1			+	-	H							
1,2,2-TETRACHLORO-ETHANE				_	+		H						<u>-</u>	
ETRACHLORO-ETHYLENE				_	\dagger		H			+-			<u> </u>	
DLUENE			_				\Box			1				

FACILITY NAME AND PERMIT NUMB

tfall number:001	Complet	MIXAN	M DAILY	,	/	VERA	GE DAI	LY DIS	CHA	United State			Ì	
FOLLOWIN	Conc.	DISCI Units	ARGE	Units	Conc	. Uni	ts Ma	ss Ur	nits	Number of Samples		LYTICAL ETHOD	ML/	MDL
1-TRICHLOROETHANE	ND	ppb			ND	p	pb			3	6	24	1.0	·
,2-TRICHLOROETHANE											ļ			
ICHLORETHYLENE								-		-	-			
NYL CHLORIDE					1		r l	ested by	the	permit writer.		<u> </u>	4	
e this space (or a separate shee	t) to provide i	nformation	on on othe	r volatile	organic	compor	ings requ	ested by			T		1	
CID-EXTRACTABLE COMPOUN	iDS	<u> </u>	<u> </u>		J									
-CHLORO-M-CRESOL	ND	ppb			ND	ΡI	ob			3	<u> </u>	625	10.	0
CHLOROPHENOL											<u> </u>			
4-DICHLOROPHENOL			-											
,4-DIMETHYLPHENOL						-	$\downarrow \downarrow$				-			
,6-DINITRO-O-CRESOL		$\frac{1}{1}$					}-}-			++	-		-	
2,4-DINITROPHENOL		11			-	\vdash	11			+-+-			-	
2-NITROPHENOL	_		_		-	\vdash	1-1-					_	-	
4-NITROPHENOL						$\left\{ \cdot \right\}$	11				+			
PENTACHLOROPHENOL		_	-			+	+			++			-	
PHENOL		_	-			$\downarrow \downarrow$	+		-				-	+
2,4,6-TRICHLOROPHENOL Use this space (or a separate si	3	, inform	ation on o	ther acid-	extracta	ible con	pounds	equeste	d by	the permit wi	iter.	<u> </u>		<u> </u>
Use this space (or a separate si	Teet) to provid				- 									
BASE-NEUTRAL COMPOUND	S.		<u>_</u>			<u>_</u>					-	<u> </u>	<u> </u>	
ACENAPHTHENE	N	D P	pb		1	AD D	ppb		-	3		625	- 10	0.0
ACENAPHTHYLENE	.					-			\vdash		-			-
ANTHRACENE			-			\bot			+					
BENZIDINE					_	_	- -		+					
BENZO(A)ANTHRACENE	ì	1 1	1		1	1		}	1			4		4

BENZO(A)PYRENE			الل ت	рb				ND		pb			`. 'r -	/ 3		62				
FACILITY NAME AND PERMIT											· · · · ·					02				0.0
East Meridian WWTP	-	MS	005	557	735												OME	Approvi Numbei	9d 1/1 204	14/99 0-0086
Outfall number:001	(Co	mpk	et e or	nce	for each	outfall o	disc	hargii	ng e	effluer	it to wat	ers of	the U	nited S	lates \			·		
POLLUTANT			IVIAX	IMU	M DAIL	Y	Τ	A	VE	RAG	DAIL	DISC	HAR	GE	103.7					
	Co	nc.			Mass	Units	10	onc.	Ti	Jnits	Mass	Unit	s	Numbe	,	ANAI	LYTICA	,	8.41	_/ MDL
	 -		<u> </u>	_			\perp							of Sample	ſ	ME	THOD	_	1411	J MIDE
3.4 BENZO-FLUORANTHENE	ND)	PP	Ъ			١,							-						
BENZO(GHI)PERYLENE]	PP				+	1D	P	рb		├	+	3_	+	62.	5		10	.0
	\vdash	L		\perp				L		Ш										ı
BENZO(K)FLUORANTHENE				1										T^{-}						
BIS (2-CHLOROETHOXY) METHANE								1	T	$\dagger \dagger$		-	+-	+-	┿					
								ļ								•	ŀ			ŀ
BIS (2-CHLOROETHYL)-ETHER													-	╁╌	+				-	
BIS (2-CHLOROISO-PROPYL)		\dashv	+	+			_		\vdash	H		<u> </u>	-	╀-	↓_					
ETHER	- [1															j		
BIS (2-ETHYLHEXYL) PHTHALATE	\exists		1	T				H		\vdash			+-	╀╌	┿				4	<u> </u>
	\dashv	+	\dashv	+-				\sqcup		\sqcup						:			ı	
4-BROMOPHENYL PHENYL ETHER					1	ľ					1			1						
BUTYL BENZYL PHTHALATE	7	\dashv	╁	+			-	\vdash	-				-	├_	-	_			_	
	\perp	4	\bot	1										l		-		1	1	
-CHLORONAPHTHALENE			1		Ì	. }												+	7	
-CHLORPHENYL PHENYL ETHER	7	\top	T	†		-	一	+	┪	\dashv				 					4	
UDVOENE	+	+	╀	┼-			4	4	4	_									١	
HRYSENE					1			-	1		ł	i				T			1	
I-N-BUTYL PHTHALATE							7	\dashv	1	_				-	 - -	\dashv			4	
I-N-OCTYL PHTHALATE	十	+	╁	├			+	\dashv	4	4						1		_		
THE STATE OF THE S	1	\perp							1							-				
BENZO(A,H) ANTHRACENE			1						1	\top						\dashv		+-	╁	
2-DICHLOROBENZENE	十	\dagger		-			+	\dashv	╁	+-						4		<u> </u>	_	
	4	1	Ш													-		1	1	
3-DICHLOROBENZENE	İ						ı				T					7			\dagger	
-DICHLOROBENZENE	†	1			-	\dashv	+	+	+	+-			-		· ·	+		-	1	
	+	+					1	_ _	1	_						ı		1	·	
-DICHLOROBENZIDINE	Ī				-	1	1				- 1					1		†	1	
THYL PHTHALATE		П				_	十	+	\dagger	+-	+	\dashv	\dashv			+		├	╀	
ACTIVA DISTINCT	╁	Н	$\vdash \downarrow$			-	1	4	1	1										
METHYL PHTHALATE														Ī					1	
DINITROTOLUENE		П				_	T	1	†	\top	+	_	\dashv			╁		 	十	
DINITROTOLUENE	+	H	\dashv		+-		+	+	╀	+	_		\perp							
DINTROTOLDENE		Ш			- 1					1	.		I	- 1				ļ .	Г	

Page 13 of 21

DIPHENYLHYDRAZINE	NE'	ppb		,	ND	ppb			. [/] 3		625		10	.0
·									<u> </u>			Form Appr OMB Num	oved 1/14 ber 2040-	/99 -0086
CILITY NAME AND PERMIT N	MCO	: :0557	35					• "						
st Meridian WWTP	- F150		for each	outfall d	ischargi	ng efflue	nt to wate	s of the	United	States	i.)			
utall number. 001	(Compi	MAXIM	JM DAIL'	Y	T - 7	AVERAG	E DAILY	DISCHA	RGE					
POLLOTAIN	Conc.	DISC	<u>HARGE</u>	Units	Conc	. Units	Mass	Units	Num			YTICAL THOD	ML	√ MDL
			<u> </u>	<u> </u>	ļ	<u> </u>	 		Sam	es			 	
UORANTHENE	ND	ppb			ND	ppb			3		62	5	10	0.0
		TT											<u> </u>	
UORENE 	++	++	+	-	1 1	11								1
EXACHLOROBENZENE	1-1-	44	 	<u> </u>	++		+	-				<u> </u>	1	1
HEXACHLOROBUTADIENE		$\perp \downarrow$		-		+	-	 					+	
HEXACHLOROCYCLO- PENTADIENE		11						-	-		<u> </u>			
HEXACHLOROETHANE		1		-				-	+				-	
INDENO(1,2,3-CD)PYRENE		$\perp \downarrow \downarrow$	 							-				-
ISOPHORONE										-		 		
NAPHTHALENE								+		-	-	 		
NITROBENZENE										┼-	+	-		
N-NITROSODI-N-PROPYLAMINE						-	-			+-			_	-
N-NITROSODI- METHYLAMINE						-	-	-		+	-	-	-	_
N-NITROSODI-PHENYLAMINE			-			++				+-				_
PHENANTHRENE						++	+			+-				
PYRENE		11	11			+	1-		\dashv	+	-			
1,2,4-TRICHLOROBENZENE				other ha	se-neutra	al compou	nds reques	ited by th	e permi	t writer.				
1,2,4-TRICHLOROBENZENE Use this space (or a separate she							1	1	ľ					
Use this space (or a separate she	et) to pro	vide info	rmation or	other po	iliutants (e.g., pest	icides) requ	ested by	the per	mu wat				
											L_			

2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMS

East Meridian WWTP- MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to

			other sections of the form to
E.1. Required Tests.			
Indicate the number of whole	effluent toxicity tooks to a second		
X_chronic acu	effluent toxicity tests conducted in the	past four and one-half years.	•
E.2. Individual Test Data. Complete to column per test (where each species	ne following chart <u>for each whole efflue</u> es constitutes a test). Copy this page	ent toxicity test conducted in the last four if more than three tests are being reporte	and one-half years. Allow one
	Test number: 1a	Test number: 1b	- 0.
a. Test information.			Test number:
Test species & test method number	ceriodaphnia Dubia	pimephales	T
Age at initiation of test	424 hours old	promelas	Method: 1000.0
Outfall number	001	24 hours old	
Dates sample collected		001	-
Date test started	Feb 9th, 11th & 13	th 2004	_
	Feb 10, 12, & 14 20	004	_
Duration	7 days	7 days	
b. Give toxicity test methods follow			<u>-</u>
Manual title	EPA/600/4-91/002, Chronic Tomico	Short-term methods	for estimating the
Edition number and year of publication	Freshwater organism	Short-term methods effluents and receins, 3rd edition, July	ving waters to
Page number(s)	n/a	<u> </u>	
c. Give the sample collection metho	d(s) used. For multiple grab samples	, indicate the number of grab samples us	Pool .
24-Hour composite	6 hour composite		ocu,
Grab	- Composite	6 hr	-
d. Indicate where the sample was tal	I ken in relation to disinfection. (Check a	all that apply for each	
defore disinfection	, John Marie	ап стах аррну гог еасп)	
fter disinfection	x	x	
fter dechlorination		Λ	_
		1	

CILITY NAME AND PERMIT NUME			Form Approved 1/14/99 OMB Number 2040-0086
East Meridian WWTP - MSOC)55735	Test number: 1b	Test number:
	Test number: 1a		
e. Describe the point in the treatment pro	ocess at which the sample was collected	ed.	1: i-faction &
ample was collected:	in effluent discharge before discharge to	reek	disinfection u
f. For each test, include whether the tes	t was intended to assess chronic toxic	ity, acute toxicity, or both.	
thronic toxicity	х	X	-
cute toxicity			
g. Provide the type of test performed.			
	·	<u> </u>	·
Static	х	x	_
Static-renewal			
Flow-through h. Source of dilution water. If laborate	number specify type: if receiving water	er, specify source.	
h. Source of dilution water. If laborato		x	_
Laboratory water	X		
Receiving water		lts or brine used	
i. Type of dilution water. It salt water,	specify "natural" or type of artificial se Synthetic, moderate	1: bard diluted min	eral water
Fresh water	Synthetic, moderate	ly hard director	
Salt water			
i. Give the percentage effluent used	for all concentrations in the test series		1
and the state of t	0,6.25,12.50,25,50	,100	-
during the	test. (State whether parameter meets	test method specifications)	
k. Parameters measured during the	8.7 - 9.4	8.7 - 9.4	
pH	0.7	_	_
Salinity		egrees 25 degree	С -
Temperature	25 degrees C + 1 d	1	_
Ammonia	<u>-</u>	-	_
Dissolved oxygen	8.2 - 10.1	8.2 - 9.3	
I. Test Results.			
Acute: n/a			a.
Percent survival in 100%	9	6	%
effluent		1 '	l l
LC ₅₀	,		

Control percent survival

Other (describe)

FACILITY NAME AND PERMIT NUM	j		1	Form Approved 1/14/99
East Meridian WWTP - M	IS0055735			OMB Number 2040-0086
Chronic:				
NOEC	%		%	%
IC ₂₅	12.71 %	➤ 100%	%	_ %
Control percent survival	%		%	%
Other (describe)				
m. Quality Control/Quality Assurance	>e .		<u></u>	
Is reference toxicant data available?	Hach Water Analysis	Handbook		-
Was reference toxicant test within acceptable bounds?	yes	yes		-
What date was reference toxicant test run (MM/DD/YYYY)?	date of test	date of te	st	<u>-</u>
Other (describe)				
E.3. Toxicity Reduction Evaluation. Is t	he treatment works involved in a Toxic	ity Reduction Evaluation	n?	
Yes <u>X</u> No If yes,	describe:			-
N/A	ing Test Information. If you have si e-half years, provide the dates the info (MM/DD/YYYY)	ubmitted biomonitoring mation was submitted	test information, o to the permitting a	r information regarding the cause authority and a summary of the
Summary of results: (see instructions	s)			
REFER TO THE APPLICAT	END OF PA	ART E.	IICH OTHE	R PARTS OF FORM

2A YOU MUST COMPLETE.

FACILITY NAME AND PERMIT NUN

East Meridian WWTP - MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test
 conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a
 toxicity reduction evaluation, if one was conducted.

toxicity reduction evaluation, if of the second toxicity reduction evaluation, if of the second requested in question E.4 for position the second reduction E.4 for position to the second reduction reduction to the second reduction	one was conducted. any of the information requested in Part I previously submitted information. If EPA	that had been may be submitted in n	lace of Part E.
E.1. Required Tests.			
Indicate the number of whole ef	ffluent toxicity tests conducted in the pas	st four and one-half years.	
' V ebronic acute	2		
E.2. Individual Test Data. Complete the	e following chart <u>for each whole effluent</u> s constitutes a test). Copy this page if m	toxicity test conducted in the last four a nore than three tests are being reported	ind one-half years. Allow one I.
column per test (where each species	Test number: 2a	Test number: 2b	Test number:
a. Test information.			Method #1000.0
Test species & test method number	Ceriodaphmia Dubia	Pimephales promelas	Method #1000.0
Age at initiation of test	∠ 24 hours old	د 24 hrs	
Outfall number	001	001	-
Dates sample collected	April 5,7, & 9 2004		-
Date test started	April 6, 8, & 10 20		-
Duration	7 days	7 days	
b. Give toxicity test methods follow	wed.		
Manual title	EPA/600/4-91/002, S	hort-term methods for effluents and receive	VINE WACCIS CO
Edition number and year of publication	freshwater organism	s, 3rd edition July	1994
Page number(s)	n/a		,
	thod(s) used. For multiple grab sample	s, indicate the number of grab samples	s used.
24-Hour composite	6 hour composite	6 hr	-
Grab			
	s taken in relation to disinfection. (Chec	k all that apply for each)	
Before disinfection			
After disinfection	x	х	
After dechlorination			
			D 16 o

FACILITY NAME AND PERMIT NUI

East Meridian WWTP - MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

- D	Test number: 2a	Test number: 2b	Test number:
	eatment process at which the sample	was collected.	
Sample was collected:	In effluent dis	scharge channel	
f. For each test, include wheth	ner the test was intended to assess d	pronic toxicity, acute toxicity, or both.	
Chronic toxicity	x	х	_
Acute toxicity			
g. Provide the type of test perfe	ormed.		
Static			
Static-renewal	х	х	
Flow-through		A	-
h. Source of dilution water. If la	aboratory water, specify type; if receiv	ring water, specify source.	
aboratory water	х	x	T
Receiving water			-
i. Type of dilution water. It salt v	water, specify "natural" or type of artif	icial sea salts or brine used	
resh water	Synthetic, moder	ately hard diluted min	eral water
alt water			1
j. Give the percentage effluent u	sed for all concentrations in the test s	L	1
	, , , ,	25, 50, 100	_
k. Parameters measured during t	the test. (State whether parameter mo	eets test method specifications)	
	7.5-9.4	7.5 - 9.4	1
linity	_		-
mperature	25 degree C	25 degree C	-
monia	-	25 degree C	-
solved oxygen	7.9 - 9.1	7.9 - 9.1	-
I. Test Results.		7.9 - 9.1	
te: n/a			
		%	
Percent survival in 100% effluent		70	J 02.
Percent survival in 100% effluent LC ₅₀		76	%
effluent		24	%
effluent LC ₅₀		% % % %	%

CILITY NAME AND PERMIT NUN			•	Form Approved 1/14/99 OMB Number 2040-0086
st Meridian WWTP - MSO	055735			
onic:	%		%	%
NOEC	. 0/	7 100	%	_ %
IC ₂₅	5.38 %	7 100	%	%
Control percent survival	%		76	
Other (describe)				
m. Quality Control/Quality Assurance	e.			
reference toxicant data available?	Hach Water Analysis	Handbook		<u>-</u>
as reference toxicant test within	yes	yes		
ceptable bounds? hat date was reference toxicant test run	Date of test	date of test		
MM/DD/YYYY)? ther (describe)				
.3. Toxicity Reduction Evaluation. IsYes _XNoif yes	s, describe:	icity Reduction Evaluation?		
	oring Test Information. If you have one-half years, provide the dates the in		orination,	or information regarding the cause authority and a summary of the

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE.

EACH ITY					•
FACILITY	NAME	AND	PERMIT	NUMB	ER:

East Meridian WWTP - MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

-	ART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES N/A
۱	
CO	treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must
	ENERAL INFORMATION:
	. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?
	YesNo
F.2	 Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.
	a. Number of non-categorical SIUs.
	b. Number of CIUs.
SIC	SNIFICANT INDUSTRIAL USER INFORMATION:
	ply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and vide the information requested for each SIU.
₹.3.	Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.
	Name
	Name.
	Mailing Address:
4.	
	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s):
	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
5.	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s):
5.	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Raw material(s): Flow Rate.
5.	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average delity values of a second raw material and raw materials that affect or contribute to the SIU's discharge.
5.	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
5.	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous orintermittent)
5.	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous orintermittent) b. Non-process wastewater flow rate. Indicate the average delite of the process delite of the collection system in gallons per day intermittent)
5.	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous orintermittent. gpd (continuous orintermittent) b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
5.	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. gpd (
5.	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SiU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SiU's discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent) b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. gpd (continuous or intermittent)
5.	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. ———————————————————————————————————
5.	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. ———————————————————————————————————
6. F	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. ———————————————————————————————————

Form Approved 1/14/99 FACILITY NAME AND PERMIT NUME OMB Number 2040-0086 East Meridian WWTP - MS0055735 F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years? If yes, describe each episode. RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE: F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ___No (go to F.12.) F.10. Waste Transport. Method by which RCRA waste is received (check all that apply): _Dedicated Pipe _Rail _Truck F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units). <u>Units</u> <u>Amount</u> EPA Hazardous Waste Number CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities? _Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years). F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary). F.15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? __Yes ___No If yes, describe the treatment (provide information about the removal efficiency): b. Is the discharge (or will the discharge be) continuous or intermittent? If intermittent, describe discharge schedule. _Intermittent _Continuous END OF PART F. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE

The state of the s

FACILITY NAME AND PERMIT NUMBER:

East Meridian WWTP - MS0055735

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

N/A

- a. All CSO discharge points.
- Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.
- **G.2.** System Diagram. Provide a diagram, either in the map provided in G.1, or on a separate drawing, of the combined sewer collection system that includes the following information:
 - a. Locations of major sewer trunk lines, both combined and separate sanitary.
 - b. Locations of points where separate sanitary sewers feed into the combined sewer system.
 - c. Locations of in-line and off-line storage structures.
 - d. Locations of flow-regulating devices.
 - e. Locations of pump stations.

CSO C	OUTFALLS:			
Comple	te questions G.3 throug	h G.6 once for each CSO discharge point.	· ·	
G.3. De	scription of Outfall.			
a.	Outfall number			·
b.	Location	•		•
-		(City or town, if applicable)	(Zip Code)	
		(County)	(State)	
	,	(Latitude)	(Longitude)	
C.	Distance from shore (if a	applicable)	ft.	
d.	Depth below surface (if a	applicable)	ft.	
e.	Which of the following w	ere monitored during the last year for this CSO	?	
	Rainfall	CSO pollutant concentrations	CSO frequency	
	CSO flow volume	Receiving water quality		
f.	How many storm events	were monitored during the last year?	·	
G.4. CS(D Events.		. •	
a.	Give the number of CSO	events in the last year.		
	events (actual or approx.)		
b.	Give the average duration	n per CSO event.		
	hours (actual or approx.)	•	,

Form Approved 1/14/99 FACILITY NAME AND PERMIT NUME. OMB Number 2040-0086 East Meridian WWTP - MS0055735 Give the average volume per CSO event. __ million gallons (____ actual or ___ approx.) d. Give the minimum rainfall that caused a CSO event in the last year. _ inches of rainfall G.5. Description of Receiving Waters. a. Name of receiving water: b. Name of watershed/river/stream system: _ United States Soil Conservation Service 14-digit watershed code (if known): c. Name of State Management/River Basin: _ United States Geological Survey 8-digit hydrologic cataloging unit code (if known): G.6. CSO Operations. Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard). END OF PART G. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE.



301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

01:28-04

COMMENTS: METALS

DATE ANALYZED:

01-30-04

CTL SAMPLE ID: 04-1266 & 04-1267

CTL JOB NUMBER:

20040639

		ANALT	ICAL RES	ULTS			
ANALYTE	INFLUENT 04-1266	EFFLUENT 04-1267	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD	TIME
ANTIMONY	ND	ND	ppb	10.0	1	200.7	3:55
ARSENIC	ND	ND	ppb	10.0	1	206.2	3:55
BERYLLIUM	ND	ND	ppb	5.0	1	200.7	3:55
CADMIUM	35.5	21.0	ppb	1.0	1	213.1	4:39
CHROMIUM	99.0	78.0	ppb	5.0	1	218.1	11:40
CHROMIUM (HEX)	. ND	ND	ppb	10.0	1	218.4	2:17
COPPER	30.0	9.0	ppb	10.0	1	220.1	4:33
CYANIDE	ND	ND	ppb	10.0	1	335.2	3:15
LEAD	1430.0	1230.0	ppb	5.0	1	239.1	4:06
MERCURY	0.436	0.382	ppb	0.0002	1	1631E	4:02
NICKEL	ND	ND	ppb	5.0	1	249.2	11:59
SELENIUM	ND	ND	ppb	2.0	1	270.2	3:55
SILVER	ND	ND	ppb	2.0	1	272.1	4:28
THALLIUM	ND	ND	ppb	10.0	1	279.2	3:55
ZINC	65.0	32.5	ppb	50.0	1	289.1	4:12

Reviewed by: Ω

Linda F. Culpepper

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 Fax: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

01-28-04

COMMENTS: INFLUENT PHENOLS

DATE ANALYZED:

01-30-04

CTL SAMPLE ID:

04-1266

CTL JOB NUMBER:

20040639

OTE OF MINE 22	INFLUENT	PHENOL			
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
4-CHLORO-3-MEHTYLPHENOL	ND.	ppb	50.0	5	625
	ND	ppb	50.0	5	625
2-CHLOROPHENOL	ND	ppb	50.0	5	625
2,4-DICHLOROPHENOL	ND	ppb	50.0	5	625
2,4-DIMETHYLPHENOL	ND	ppb	50.0	5	625
2,4-DINITROPHENOL	ND	ppb	50.0	5	625
2-METHYL-4,6-DINITROPHENOL	ND	ppb	50.0	5	625
2-NITROPHENOL		ppb	50.0	5	625
4-NITROPHENOL	ND		50.0	5	625
PENTACHLOROPHENOL	ND	ppb	50.0	5	625
PHENOL	ND	ppb		5	625
2,4,6-TRICHLOROPHENOL	ND	ppb	50.0		025

Reviewed by

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

01-28-04

COMMENTS: EFFLUENT PHENOLS

DATE ANALYZED:

01-30-04

CTL SAMPLE ID:

ø

04-1267

CTL JOB NUMBER:

20040639

EFFLUENT PHENOL								
	EFFLUEN	T PHENOL						
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD			
4-CHLORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625			
2-CHLOROPHENOL	ND	ppb	10.0	1	625			
2,4-DICHLOROPHENOL	ND	ppb	10.0	1	625			
2,4-DIMETHYLPHENOL	ND	ppb	10.0	1	625			
2,4-DINITROPHENOL	ND	ppb	10.0		625			
2-METHYL-4,6-DINITROPHENOL	ND	ppb	10.0	1				
2-NITROPHENOL	ND	ppb	10.0	1	625			
4-NITROPHENOL	ND	ppb	10.0	<u>_</u>	625			
PENTACHLOROPHENOL	ND			1	625			
PHENOL	ND	ppb	10.0		625			
2,4,6-TRICHLOROPHENOL		ppb	10.0	1	625			
-, ,,oncorornerou	ND	ppb	10.0	1	625			

Reviewed by:

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

01-28-04

COMMENTS: SEMI VOLATILE

X

DATE ANALYZED:

01-30-04

CTI CAMPI F ID.

04-1267

CTL JOB NUMBER:

CTL SAMPLE ID: 04-1267	CIE OOD NOMBER						
	SEMI-VO	LATILES	Conce	1 putr of	Ceny, 11 in de		
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD		
ACENAPHTHENE	ND	ppb	10.0	1	625		
ACENAPHTHYLENE	ND	ppb	10.0	1	625		
ANTHRACENE	ND	ppb	10.0	1	625		
BENZIDINE	ND	ppb	10.0	1	625		
BENZO(a)ANTHRACENE	ND	ppb	10.0	1	625		
BENZO(a)PYRENE	ND	ppb	10.0	1	625		
BENZO(b)FLUORANTHENE	ND	ppb	10.0	1	625		
BENZO(g,h,i)PERYLENE	ND	ppb	10.0	1	625		
BENZO(k)FLUORANTHENE	ND	ppb	10.0	1	625		
4-BROMOPHENYLPHENYLETHER	ND	ppb	10.0	1	625		
BUTYLBENZYLPHTHALATE	ND	ppb	10.0	1	625		
4-CHLORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625		
BIS(2-CHLOROETHOXY)METHANE	ND	ppb	10.0	1	625		
BIS(2-CHLOROETHYL)ETHER	ND	ppb	10.0	1	625		

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

01-28-04

COMMENTS: SEMI VOLATILE

DATE ANALYZED:

01-30-04

CTL SAMPLE ID:

04-1267

CTL JOB NUMBER:

CTL JOB NUMBER: 20040639								
	SEMI-V	OLATILES						
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD			
BIS(2-CHLOROISOPROPYL)ETHER	ND	ppb	10.0	1	625			
2-CHLORONAPHTHALENE	ND	ppb	10.0	1	625			
2-CHLOROPHENOL	ND	ppb	10.0	1	625			
4-CHLOROPHENYLPHENYLETHER	ND	ppb	10.0	1	625			
CHRYSENE	ND	ppb	10.0	1	625			
DIBENZ(a,h)ANTHRACENE	ND	ppb	10.0	1	625			
1,2-DICHLOROBENZENE	ND	ppb	10.0	1	625			
1,3-DICHLOROBENZENE	ND	ppb	10.0	1	625			
1,4-DICHLOROBENZENE	ND	ppb	10.0	1				
3,3'-DICHLOROBENZIDINE	ND	ppb	10.0	1	625			
2,4-DICHLOROPHENOL	ND	ppb	10.0		625			
DIETHYLPHTHALATE	ND	ppb	10.0	1	625			
2,4-DIMETHYLPHENOL	ND	ppb		1	625			
DIMETHYLPHTHALATE	ND		10.0	1	625			
DI-N-BUTYLPHTHALATE	ND	ppb	10.0	1	625			
2,4-DINITROPHENOL		ppb	10.0	1	625			
, and the same of	ND	ppb	10.0	1	625			

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

01-28-04

COMMENTS: SEMI VOLATILES

DATE ANALYZED:

01-30-04

CTL SAMPLE ID:

04-1267

CTL JOB NUMBER:

	SEMI-VO	LATILES			
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
2,4-DINTROTOLUENE	ND	ppb	10.0	1	625
2,6-DINTROTOLUENE	ND	ppb	10.0	1	625
DI-N-OCTYLPHTHALATE	ND	ppb	10.0	1	625
1,2-DIPHENYLHYDRAZINE	ND	ppb	10.0	1	625
FLUORANTHENE	ND	ppb	10.0	1	625
FLUORENE	ND	ppb	10.0	1	625
HEXACHLOROBENZENE	ND	ppb	10.0	1	625
HEXACHLOROBUTADIENE	ND	ppb	10.0	1	625
HEXACHLOROCYCLOPENTADIENE	ND	ppb	10.0	1	625
HEXACHLOROETHANE	ND	ppb	10.0	1	625
INDENO(1,2,3-CD)PYRENE	ND	ppb	10.0	1	625
ISOPHORONE	ND	ppb	10.0	1	625
2-METHYL-4,6-DINITROPHENOL	ND	ppb	10.0	1	625
	ND	ppb	10.0	1	625
NAPHTHALENE	ND	ppb	10.0	1	625
NITROBENZENE 2-NITROPHENOL	ND	ppb	10.0	1	625





301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

01-28-04

CLIENT:

COMMENTS: SEMI-VOLATILES

DATE ANALYZED:

01-30-04

CTL SAMPLE ID:

04-1267

CTL JOB NUMBER:

012 0AM LE 1D. 04-128	0/		CTL JOB NU	MBER: 2	0040639
	SEMI-VO	OLATILES			
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
4-NITROPHENOL	ND	ppb	10.0	1	
N-NITROSODI-N-PROPYLAMINE	ND	ppb	10.0	1	625
N-NITROSODIPHENLAMINE	ND	ppb	10.0	1	625 625
N-NITROSODIMETHYLAMINE	ND	ppb	10.0	1	625
PENTACHLOROPHENOL	ND	ppb	10.0	1	625
PHENANTHRENE	ND	ppb	10.0	1	625
PHENOL	ND	ppb	10.0	1	
PYRENE	ND	ppb	10.0	1	625
BIS(2-ETHYLHEXYL)PHTHALATE	ND	ppb	10.0	1	625
1,2,4-TRICHLOROBENZENE	ND	ppb	10.0	1	625
2,4,6-TRICHLOROPHENOL	ND	ppb	10.0		625
ND - NON DETTO		PPS	10.0		625

ND = NON DETECT

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

01-28-04

COMMENTS:

VOLATILES

DATE ANALYZED:

01-30-04

CTL SAMPLE ID:

04-1267

CTL JOB NUMBER:

	VOLA	TILES			
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
ACROLEIN	ND	ppb	5.0	1	624
ACRYLONITRILE	ND	ppb	5.0	1	624
BENZENE	ND	ppb	1.0	11	624
BROMOFORM	ND	ppb	1.0	1	624
BROMOMETHANE	ND	ppb	1.0	1	624
CARBON TETRACHLORIDE	ND	ppb	1.0	1	624
CHLOROBENZENE	ND	ppb	1.0	1	624
CHLOROETHANE	ND	ppb	1.0	1	624
CHLOROFORM	ND	ppb	1.0	1	624
CHLOROMETHANE	ND	ppb	1.0	1	624
DIBROMOCHLOROMETHANE	ND	ppb	1.0	1	624
1,2-DICHLOROBENZENE	ND	ppb	1.0	1	624
1,3-DICHLOROBENZENE	ND	ppb	1.0	1	624
1,4-DICHLOROBENZENE	ND	ppb	1.0	1	624

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

01-28-04

COMMENTS: VOLATILES

DATE ANALYZED:

01-30-04

CTL SAMPLE ID:

04-1267

CTL JOB NUMBER:

	VOL	ATILES			0040039
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
DICHLORODIFLUROMETHANE	ND	ppb	1.0	1	624
1,1-DICHLOROETHANE	ND	ppb	1.0	1	624
1,2-DICHLOROETHANE	ND	ppb	1.0	1	624
1,1-DICHLOROETHENE	ND	ppb	1.0	1	624
1,2-DICHLOROETHENE (TOTAL)	ND	ppb	1.0	1	624
1,2-DICHLOROPROPANE	ND	ppb	1.0	1	624
CIS-1,3-DICHLOROPROPENE	ND	ppb	1.0	1	624
TRANS-1,3-DICHLOROPROENE	ND	ppb	1.0	1	624
ETHYLBENZENE	ND	ppb	1.0	1	624
METHYLENE CHLORIDE	ND	ppb	2.5	1	624
1,1,2,2-TETRACHLOROETHANE	ND	ppb	1.0	1	624
TETRACHLOROETHENE	ND	ppb	1.0	1	624
TOLUENE	ND	ppb	1.0	1	624
1,1,1-TRICHLOROETHANE	ND	ppb	1.0	1	624
1,1,2-TRICHLOROETHANE	ND	ppb	1.0	1	624
TRICHLOROETHENE	ND	ppb	1.0	1	624

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

01-28-04

COMMENTS: VOLATILES

DATE ANALYZED:

01-28-04

CTI SAMPLE ID:

04-1267

CTL JOB NUMBER:

20040639

VOLATILES								
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD			
VINYL CHLORIDE	ND	ppb	1.0	1	624			
XYLENES (TOTAL)	ND	ppb	1.0	1	624			
BROMODICHLOROMETHANE	ND	ppb	1.0	1	624			
TRICHLOROFLUOROMETHANE	ND	ppb	1.0	1	624			

ND = NON DETECT

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-12-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

· 02-13-04*

COMMENTS: METALS

DATE ANALYZED:

02-16-04

CTL SAMPLE ID: 04-1299 & 04-1300

CIL SAMP	LE ID: 04-1299	& 04-1300		CTL JOB NUMBER: 20040659					
		ANALT	ICAL RES						
ANALYTE	INFLUENT 04-1299	EFFLUENT 04-1300	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD	TIME		
ANTIMONY	ND	ND	ppb	10.0	1	200.7	3:55		
ARSENIC	, ND	ND	ppb	10.0	1	206.2	 		
BERYLLIUM	ND	ND	ppb	5.0	1	200.2	3:55		
CADMIUM	ND	ND	ppb	1.0	1	213.1	3:55		
CHROMIUM	ND	ND	ppb	5.0	1	213.1	1:47		
CHROMIUM (HEX)	ND	ND	ppb	10.0	1	218.4	10:45		
COPPER	ND	ND	ppb	10.0	1	220.1	2:09		
CYANIDE	ND .	ND	ppb	10.0	1	335.2	2:56		
LEAD	965.0	330.0	ppb	5.0	1	239.1			
MERCURY	1.063	0.761	ppb	0.0002	1	1631E	10:10		
NICKEL	ND	ND	ppb	5.0	1	249.2	11:55		
SELENIUM	ND	ND	ppb	2.0	1		11:49		
SILVER	ND	ND	ppb	2.0		270.2	3:55		
THALLIUM	ND	ND	ppb		1	272.1	1:35		
ZINC	284.0	21.0	···	10.0	1	279.2	3:55		
	207.0	21.0	ppb	50.0	1	289.1	12:47		

Reviewed by:

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

04-12-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

02-13-04

COMMENTS: EFFLUENT PHENOLS

DATE ANALYZED:

02-16-04

CTL SAMPLE ID:

04-1300

CTL JOB NUMBER:

20040659

EFFLUENT PHENOL									
ANALYTE	RESULT UNIT		REPORT LIMITS	DIL. FACTOR	EPA METHOD				
4-CHLORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625				
	ND	ppb	10.0	1	625				
2-CHLOROPHENOL	ND	ppb	10.0	1	625				
2,4-DICHLOROPHENOL	ND	ppb	10.0	1	625				
2,4-DIMETHYLPHENOL	ND	ppb	10.0	1	625				
2,4-DINITROPHENOL	ND	ppb	10.0	1	625				
2-METHYL-4,6-DINITROPHENOL		+	10.0	1	625				
2-NITROPHENOL	ND ND	ppb		1	625				
4-NITROPHENOL	ND	ppb	10.0						
PENTACHLOROPHENOL	ND	ppb	10.0	1 1	625				
PHENOL	ND	ppb	10.0	1	625				
2,4,6-TRICHLOROPHENOL	ND	ppb	10.0	1	625				

1,

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (6Ó1) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

04-12-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

02-13-04

COMMENTS: INFLUENT PHENOLS

DATE ANALYZED:

02-16-04

CTL SAMPLE ID:

04-1299

CTL JOB NUMBER:

20040650

INFLUENT PHENOL									
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD				
4-CHLORO-3-MEHTYLPHENOL	ND	ppb	50.0	5	625				
2-CHLOROPHENOL	ND	ppb	50.0	5	625				
2,4-DICHLOROPHENOL	ND	ppb	50.0	5	625				
2,4-DIMETHYLPHENOL	ND	ppb	50.0	5	625				
2,4-DINITROPHENOL	ND	ppb	50.0	5	625				
2-METHYL-4,6-DINITROPHENOL	ND	ppb	50.0	5	625				
2-NITROPHENOL	ND	ppb	50.0	5	625				
4-NITROPHENOL	ND	ppb	50.0	5	625				
PENTACHLOROPHENOL	ND	ppb	50.0	5	625				
PHENOL	95.0	ppb	50.0	5	625				
2,4,6-TRICHLOROPHENOL	ND	ppb	50.0	5	625				

Reviewed by:

Linda F. Qulpepper

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

02-27-04

COMMENTS: METALS

DATE ANALYZED:

03-01-04

CTL SAMPLE ID: 04-1332 & 04-1333

CTL JOB NUMBER:

20040685

				,	UILUC	R NOWBEL	R: 200406	85
<u> </u>	· 		ANALT	ICAL RES	ULTS			
Α	ALYTE	INFLUENT 04-1332	EFFLUENT 04-1333	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD	TIME
ANTIN	ONY	ND	ND	ppb	10.0	. 1	200.7	4:10
ARSE	IC .	ND	ND	ppb	10.0	1	206,2	4:10
BERY	LIUM	ND	ND	ppb	5.0	1	200.7	4:10
CADN	UM .	ND	ND	ppb	1.0	1	213.1	2:45
CHRC	NUM	29.0	ND	ppb	5.0	1	218.1	11:54
CHRC	MUM (HEX)	ND	ND	ppb	10.0	1	218.4	1:07
COPF	R	ND	ND	ppb	10.0	1	220.1	11:44
CYAN)E	ND	ND	ppb	10.0	1	335.2	3:16
LEAD		1160.0	735.0	ppb	5.0	1	239.1	10:00
MERC !	IRY	0.0093	0.730	ppb	0.0002	1	1631E	2:58
NICKI -		ND	ND	ppb	5.0	1	249.2	11:59
SELE I	UM	ND	ND	ppb	2.0	1	270.2	4:09
SILVE ?		ND	ND	ppb	2.0	1	272.1	12:35
HAL I	UM	ND	:ND	ppb	10.0	1	279.2	4:12
INC		142.0	44.5	ppb	50.0	1 /	289.1	12:42

Reviewed by

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

02-27-04

COMMENTS: INFLUENT PHENOLS

DATE ANALYZED:

03-01-04

CTL SAMPLE ID:

04-1332

CTL JOB NUMBER:

INFLUENT PHENOL										
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD					
4-CI _ORO-3-MEHTYLPHENO	L ND	ppb	10.0	1	625					
2-CI _OROPHENOL	ND	p pb	10.0	1	625					
2,4- ICHLOROPHENOL	ND	ppb	10.0	11	625					
2,4- IMETHYLPHENOL	ND	ppb	10.0	1	625					
2,4- INITROPHENOL	ND	ppb	10.0	1	625					
2-M THYL-4,6-DINITROPHEN	OL ND	ppb	10.0	1	625					
2-NI ROPHENOL	ND	ppb	10.0	1	625					
4-NI ROPHENOL	ND	ppb	10.0	1	625					
PEN 'ACHLOROPHENOL	ND	ppb	10.0	1	625					
PHE IOL	ND	ppb	10.0	1	625					
2,4,1 TRICHLOROPHENOL	ND	ppb	10.0	1	625					

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

02-27-04

COMMENTS: EFFLUENT PHENOLS

DATE ANALYZED:

03-01-04

CTL SAMPLE ID:

04-1333

CTL JOB NUMBER:

20040685

		EFFLUEN	T PHENOL			
	ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
4-C	ORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625
2-C	.OROPHENOL	ND.	ppb	10.0	1	625
2,4-	CHLOROPHENOL	ND	ppb	10.0	1	625
2,4-	METHYLPHENOL	ND	ppb	10.0	1	625
2,4-	NITROPHENOL	ND	dad	10.0	1	625
2-MI	THYL-4,6-DINITROPHENOL	ND	ppb	10.0	1	625
2-NI	ROPHENOL	ND	ppb	10.0	1	625
4-NI	ROPHENOL	ND	ppb	10.0	1	625
PEN	ACHLOROPHENOL	ND	ppb	10.0	1	625
PHE	OL	ND	ppb	10.0	1	625
2,4,6	TRICHLOROPHENOL	ND	ppb	10.0	1	625

Reviewed by:

05 0 12:09p

CULPEPPER TESTING LABORATORIES

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: Culpe@aol.com

CL ENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

DA ERECEIVED: 03-01-04

SAMPLE DATE:

02-27-04

CO LECTED BY:

CLIENT

DATE ANALYZED: 03-01-04

CTI SAMPLE ID #: 04-1333

JOB NUMBER:

_	nalyte	Effluent	Units	Report Limits	Dil. Factor	Methodology
FC.	j	4.6	ppm	1.0	1	1664
Tk	1	1.4	ppm	0.01	1	4500-NB
TI	;	70.0	ppm	0.01	1	160.1
PC		0.150	ppm	0.001	1	365.4
N(/NO ₂	0.084	ppm	0.001	1,	353.2
<u>—</u>	NDNESS	85,298.54	as CaC03		1	130.2

Reviewed	by:	_
	Linda E Culpanner	

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

02-27-04

COMMENTS: SEMI VOLATILE

DATE ANALYZED:

03-01-04

CTL SAMPLE ID:

04-1333

		SEMI-V	OLATILES			040685
_	ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
	IAPHTHENE	ND	ppb	10.0	1	
ACE	IAPHTHYLENE	ND	ppb	10.0		625
ANT	IRACENE	ND	ppb	10.0	1	625
BEN	IDINE	ND	ppb	10.0	1	625
BEN	O(a)ANTHRACENE	ND	ppb	10.0	1	625
BEN	O(a)PYRENE	ND	ppb		1	625
BEN	O(b)FLUORANTHENE	ND		10.0	1	625
	O(g,h,i)PERYLENE	ND	ppb	10.0	1	625
	O(k)FLUORANTHENE		ppb	10.0	-1	625
	MOPHENYLPHENYLETHER	ND	ppb	10.0	1	625
	BENZYLPHTHALATE	ND	ppb	10.0	1	625
		ND	pp b	10.0	1	625
	ORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625
	CHLOROETHOXY)METHANE	ND	ppb	10.0	1	
BIS(-C	HLOROETHYL)ETHER	ND	ppb	10.0	1	625 625

05 0 11:57a

CULPEPPER TESTING LABORATORIES

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

02-27-04

COMMENTS: SEMI VOLATILE

DATE ANALYZED:

03-01-04

CTL SAMPLE D:

04-1333

CTL JOB NUMBER:

	SEMI-VOLATILES									
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD					
BI: 2-CHLOROISOPROPYL)ETHER	ND	ррь	10.0	1	625					
2-(ILORONAPHTHALENE	ND	ррб	10.0	1	625					
2-(ILOROPHENOL	ND	ppb	10.0	11	625					
4-(ILOROPHENYLPHENYLETHER	ND	ppb	10.0	1	625					
CH !YSENE	ND	ppb	10.0	1	625					
DII ENZ(a,h)ANTHRACENE	ND	ppb	10.0	1	625					
1,2 DICHLOROBENZENE	ND	ppb	10.0	1	625					
1,3 DICHLOROBENZENE	ND	ppb	10.0	1	625					
1,4 DICHLOROBENZENE	ND	ppb	10.0	1	625					
3,3 DICHLOROBENZIDINE	ND	ppb	10.0	1	625					
2,4 DICHLOROPHENOL	ND	ppb	10.0	1	625					
DIE HYLPHTHALATE	ND	ppb	10.0	1	625					
2,4)IMETHYLPHENOL	ND	ppb	10.0	1	625					
DIF ETHYLPHTHALATE	ND	ppb	10.0	1	625					
DIBUTYLPHTHALATE	ND	ppb	10.0	1	625					
2,4 JINITROPHENOL	ND	ppb	10.0	1	625					

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

CLIENT:

E-mail: culpe@aol.com EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

02-27-04

COMMENTS: SEMI VOLATILES

DATE ANALYZED:

03-01-04

CTL SAMPLE ID:

	SEMI-	OLATILES	CTL JOB NU		0040685
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
2,4 INTROTOLUENE	ND	ppb	10.0	1	
2,6- INTROTOLUENE	ND	ppb	10.0	1	625
DI-N OCTYLPHTHALATE	ND	ppb	10.0	1	625
1,2- IPHENYLHYDRAZINE	ND	ppb	10.0		625
FLU RANTHENE	ND	ppb	10.0	1	625
FLU RENE	ND	ppb	10.0	1	625
HE) CHLOROBENZENE	- ND	ppb	10.0		625
HEX CHLOROBUTADIENE	ND	ppb	10.0	1	625
HEX .CHLOROCYCLOPENTADIENE	ND	ppb	10.0	1	625
EX CHLOROETHANE	ND			1	625
NDI NO(1,2,3-CD)PYRENE	ND	ppb	10.0	1	625
OI HORONE	ND	ppb	10.0	1	625
MI [HYL-4,6-DINITROPHENOL		ppb	10.0	1	625
AP THALENE	ND	ppb	10.0	1	625
TF DBENZENE	ND	ppb	10.0	1	625
NI ROPHENOL	D	ppb	10.0	1	625
	ND	ppb	10.0	1	625

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

02-27-04

COMMENTS: SEMI-VOLATILES

DATE ANALYZED:

03-01-04

CTL SAMPLE ID:

04-1333

CTL JOB NUMBER:

20040685

	CIE SAMPLE ID. 04-1000	SEMI-VO	LATILES			
	ANALYTE	RESULT UNITS REPORT LIMITS			DIL. FACTOR	EPA METHOD
4-N:	ROPHENOL	ND	ppb	10.0	11	625
N-N	ROSODI-N-PROPYLAMINE	ND	ppb	10.0	1	625
N-N	ROSODIPHENLAMINE	ND	ppb	10.0	1	625
N-N	ROSODIMETHYLAMINE	ND	ppb	10.0	1	625
PEN	ACHLOROPHENOL	ND	ppb	10.0	1	625
PHE	IANTHRENE	ND	ppb	10.0	1	625
PHE	IOL	ND	ррь	10.0	1	625
PYF	:NE	ND	ppb	10.0	1	625
BIS	-ETHYLHEXYL)PHTHALATE	ND .	ppb	10.0	1	625
	TRICHLOROBENZENE	ND	ppb	10:0	1	625
<u> </u>	TRICHLOROPHENOL	ND	ppb	10.0	1	625

ND = NON DETECT

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

02-27-04

COMMENTS:

VOLATILES

DATE ANALYZED:

03-01-04

CTL SAMPLE ID:

04-1433

CTL JOB NUMBER:

_		VOLA	TILES			
	ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
ACI	DLEIN	ND	ppb	5.0	1	624
ACI	/LONITRILE	ND	ppb	5.0	1	624
BEI	!ENE	ND	ppb	1.0	1	624
BR	MOFORM	ND	ppb	1.0	1	624
BR	MOMETHANE	ND	ppb	1.0	1	624
CAI	30N TETRACHLORIDE	ND	ppb	1.0	1	624
СНІ	PROBENZENE	ND	ppb	1.0	1	624
CHI	DROETHANE	ND	ppb	1.0	1	624
СНІ	DROFORM	ND	ppb	1.0	1	624
СНІ	DROMETHANE	ND	ppb	1.0	1	624
DIB	OMOCHLOROMETHANE	ND	ppb	1.0	1	624
1,2-	ICHLOROBENZENE	ND	ppb	1.0	1	624
1,3-	ICHLOROBENZENE	ND	ppb	1.0	1	624
1,4-	ICHLOROBENZENE	ND	ppb	1.0	1	624

p.1

CULPEPPER TESTING LABORATORIES

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

02-27-04

COMMENTS: VOLATILES

DATE ANALYZED:

03-01-04

CTL SAMPLE ID:

04-1333

CTL JOB NUMBER:

	VOLA	TILES			
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
DIC LORODIFLUROMETHANE	ND	ppb	1.0	1	624
1,1- ICHLOROETHANE	ND	ppb -	1.0	11	624
1,2- ICHLOROETHANE	ND	ppb	1.0	1	624
1,1- ICHLOROETHENE	ND	ppb	1.0	· 1	624
1,2- ICHLOROETHENE (TOTAL)	ND	ррь	1.0	1	624
1,2- ICHLOROPROPANE	ND	ppb	1.0	1	624
CIS ,3-DICHLOROPROPENE	ND	ppb	1.0	1	624
TRA IS-1,3-DICHLOROPROENE	ND	ppb	1.0	1	624
ETH LBENZENE	ND	ppb	- 1.0	1	624
MET IYLENE CHLORIDE	ND	ppb	2.5	1	624
1,1,2-TETRACHLOROETHANE	ND	ppb	1.0	1	624
TET ACHLOROETHENE	ND	ppb	1.0	1	624
TOL ENE	ND	p pb	1.0	1	624
1,1, TRICHLOROETHANE	ND	ppb	1.0	1	624
1,1,2 TRICHLOROETHANE	ND ·	ppb	1.0	1	624
TRIC ILOROETHENE	ND	ppb	1.0	1	624

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-02-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

02-27-04

COMMENTS: VOLATILES

DATE ANALYZED:

03-01-04

CTL SAMPLE ID:

04-1333

CTL JOB NUMBER:

20040685

	VOLATILES									
	ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD				
VIN'	_ CHLORIDE	ND	ppb	1.0	1	624				
XYL	NES (TOTAL)	ND	ppb	1.0	1	624				
BRC	MODICHLOROMETHANE	ND	ppb	1.0	1	624				
TRK	ILOROFLUOROMETHANE	ND	ppb	1.0	1	624				

ND = NON DETECT

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-25-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-03-04

COMMENTS: METALS

DATE ANALYZED:

03-04-04

CTL SAMPLE ID: 04-1344 & 04-1345

CTL JOB NUMBER:

					CTL JOB NUMBER: 20040694					
Δ	ALYTE	INIPA		TICAL RE	SULTS	-				
<u> </u>		INFLUENT 04-1344	EFFLUENT 04-1345	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD	TIME		
ANTI	YMC	ND	ND V	ppb	10.0	1	200.7	+		
ARSE	IC	ND	ND \	/	10.0	1	 	4:10		
BERY	LIUM	ND	ND /	ppb	5.0		206.2	4:10		
CADN	JM	ND	ND J		 	1	200.7	4:10		
CHRC	NUM	16.0	/	ppb	1.0	1	213.1	2:45		
	NUM (HEX)		ND /	ppb	5.0	1	218.1	11:54		
COPP		ND	ND J	ppb	10.0	1	218.4	1:07		
		ND	ND J	ppb	10.0	1	220.1	11:44		
CYAN	<i>/E</i>	ND	ND J	ppb	10.0	1	335.2	2:07		
LEAD .		1265.0	600.0 √	ppb	5.0	1	239.1			
MERC	RY	0.0974	0.0485 ∨	ppb	0.0002	1		10:00		
NICKE .		ND	ND J	ppb	5.0		1631E	4:58		
SELEI (JM	ND	ND J	-		1	249.2	11:59		
SILVE		142.0	ND V	ppb	2.0	1	270.2	4:09		
THALI U	M			ppb	2.0	1	272.1	12:35		
INC		ND	ND	ppb	10.0	1	279.2	4:12		
		78.0	115.0	ppb	50.0	1	289.1	12:42		

Reviewed by:

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

04-25-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-03-04

COMMENTS: INFLUENT PHENOLS

DATE ANALYZED:

03-04-04

CTL SAMPLE ID:

04-1344

CTL JOB NUMBER:

INFLUENT PHENOL									
ANALYTE	11200		REPORT LIMITS	DIL. FACTOR	EPA METHOD				
4-CI -ORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625				
2-CI _OROPHENOL	ND	ppb.	10.0	1	625				
2,4-I ICHLOROPHENOL	ND	ppb	10.0	1	625				
2,4-I METHYLPHENOL	ND	ppb	10.0	1	625				
2,4-I INITROPHENOL	ND	ppb	10.0	1	625				
2-Mi [HYL-4,6-DINITROPHENOL	ND	ppb	10.0	1	625				
2-NI ROPHENOL	ND	ppb	10.0	11	625				
4-NI ROPHENOL	ND	ppb	10.0	1	625				
PEN ACHLOROPHENOL	ND	ppb	10.0	1	625				
PHE OL	19.0	ppb	10.0	1	625				
2,4,6 TRICHLOROPHENOL	ND	ppb	10.0	1	625				

Reviewed	by:
	Linda F. Culpepper

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

04-25-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-03-04

COMMENTS: EFFLUENT PHENOLS

DATE ANALYZED:

03-04-04

CTL SAMPLE ID:

04-1345

CTL JOB NUMBER:

20040694

<u> </u>		EFFLUEN	T PHENOL	CIL JOB NO		040694
	ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
	ORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625
	I _OROPHENOL	ND	ppb	10.0	1	625
	ICHLOROPHENOL	ND	ppb	10.0	1	625
	METHYLPHENOL	ND	ppb	10.0	1	625
	INITROPHENOL	ND	ppb	10.0	1	625
2-M	THYL-4,6-DINITROPHENOL	ND	ppb	10.0	1	625
2-NI	ROPHENOL	ND	ppb	10.0	1	
I-NI	ROPHENOL	ND	ppb	10.0		625
PEN	ACHLOROPHENOL	ND	ppb	10.0	1	625
HE	OL	ND	ppb	10.0		625
,4,(TRICHLOROPHENOL	ND	ppb	10.0	1	625 625

Reviewed by:

12:18p May 05 0

CULPEPPER TESTING LABORATORIES

301 HARDY STREET SJITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: Culpe@aol.com

CLII VT:

EAST MERIDIAN WWTP

REPORT DATE:

04-25-04

DA1 : RECEIVED: 03-04-04

SAMPLE DATE:

03-03-04

COL ECTED BY:

CLIENT

DATE ANALYZED: 03-04-04

CTL 3AMPLE ID #: 04-1345

JOB NUMBER:

20040694

/ 1alyte	Effluent	Units	Report Limits	Dil. Factor	Methodology
FO	2.8	ppm	1.0	1	1664
TK	2.24	ppm	0.01	1	4500-NB
TD	55.0	ppm	0.01	1	160.1
PO	0.410	ppm	0.001	1	365.4
NO NO ₂	0.067	ppm	0.001	1	353.2
HA DNESS	137,064.19	as CaCO ₃		1	130.2

Reviewed by:

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-25-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-03-04

COMMENTS: SEMI VOLATILE

DATE ANALYZED:

03-04-04

CTL SAMPLE ID:

04-1345

		SEMI-V	OLATILES			0040694
	ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
	IAPHTHENE	ND	ppb	10.0	1	
ACE	IAPHTHYLENE	ND	ppb	10.0	1	625
ANT	IRACENE	ND ·	ppb	10.0	1	625
BEN	IDINE	ND	ppb	10.0	1	625
BEN	O(a)ANTHRACENE	ND	ppb	10.0	1	625
BEN	O(a)PYRENE	ND	ppb	10.0	1	625
BEN :	O(b)FLUORANTHENE	. UD	ppb	10.0		625
EN .	O(g,h,i)PERYLENE	ND	ppb	10.0	1	625
EN (O(k)FLUORANTHENE	ND	ppb	10.0	\ 1	625
BF)	MOPHENYLPHENYLETHER	ND			1	625
	BENZYLPHTHALATE	ND	ppb	10.0	1	625
	ORO-3-MEHTYLPHENOL		ppb	10.0	1	625
	CHLOROETHOXY)METHANE	ND	ppb	10.0	1	625
	CHLOROETHYL)ETHER	ND	ppb	10.0	1	625
2 .2	MEDITORIAL PETALER	ND	ppb	10.0	1	625

12:13p May 05 0

CULPEPPER TESTING LABORATORIES

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-25-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-03-04

COMMENTS: SEMI VOLATILE

DATE ANALYZED:

03-04-04

CTL SAMPLE ID:

04-1345

CTL JOB NUMBER:

	TL OAK!! EL IS!	SEMI-VO	LATILES			
	ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
	CHLOROISOPROPYL)ETHER	ND	ppb	10.0	1	625
	ORONAPHTHALENE	ND	ppb	10.0	1	625
	OROPHENOL	ND	ρpb	10.0	11	625
	OROPHENYLPHENYLETHER	ND	ppb	10.0	1	625
-	SENE	ND	ppb	10.0	1	625
	NZ(a,h)ANTHRACENE	ND	ppb	10.0	1	625
	CHLOROBENZENE	ND	ppb	10.0	1	625
	CHLOROBENZENE	ND	ppb	10.9	1	625
	CHLOROBENZENE	ND	ppb	10.0	1	625
	ICHLOROBENZIDINE	ND	opb	10.0	11	625
	CHLOROPHENOL	ND	ppb	10.0	1	625
	YLPHTHALATE	ND	ppb	10.0	1	625
	and the property of	ND	ppb	10.0	1	625
2,4-1	THYLPHTHALATE	ND	ppb	10.0	1	625
		ND	ppb	10.0	1	625
	3UTYLPHTHALATE NITROPHENOL	ND	ppb	10.0	1	625

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411

FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-25-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-03-04

COMMENTS: SEMI VOLATILES

DATE ANALYZED:

03-04-04

CTL SAMPLE ID:

CTL SAMPLE ID: 04-13			CTL JOB NU	MBER: 2	20040694
ANALYS	SEMI-V	OLATILES			
ANALYTE	RESULT	UNITS	REPORT	DIL. FACTOR	EPA
2,4" INTROTOLUENE	ND	ppb	10.0	1	METHOD
2,6- INTROTOLUENE	ND	ppb	10.0		625
DI-N OCTYLPHTHALATE	ND	ppb	10.0	1	625
1,2-I PHENYLHYDRAZINE	ND	ppb		1	625
FLU RANTHENE	ND	f	10.0	1	625
FLU RENE	ND	ppb	10.0	1	625
HEX .CHLOROBENZENE		ppb	10.0	1	625
HEX CHLOROBUTADIENE	ND	ppb	10.0	1	625
HEX CHLOROCYCLOPENTADIENE	ND	ppb	10.0	1	625
	ND	ppb	10.0	1	625
HEX CHLOROETHANE	ND	ppb	10.0	1	625
INDI 10(1,2,3-CD)PYRENE	ND	ppb	10.0	1	
SOI IORONE	ND	ppb	10.0		625
P-ME HYL-4,6-DINITROPHENOL	ND	ppb		1	625
IAP THALENE	ND		10.0	1	625
ITF)BENZENE		ppb	10.0	1	625
NI SOPHENOL	ND	ppb	10.0	1	625
	ND	ppb	10.0	1	625

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-25-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-03-04

COMMENTS: SEMI-VOLATILES

DATE ANALYZED:

03-04-04

CTL SAMPLE ID:

04-1345

CTL JOB NUMBER:

20040694

SEMI-VOLATILES										
AA	IALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD				
4-NI ROPHENO		ND	ppb	10.0	1	625				
	I-PROPYLAMINE	ND	ppb	10.0	1	625				
	HENLAMINE	ND	ppb	10.0	1	625				
	ETHYLAMINE	ND	ppb	10.0	1	625				
PEN ACHLORO		ND	ppb	10.0	1	625				
PHE ANTHREM		ND	ppb	10.0	1	625				
PHE OL		ND	ppb	10.0	1	625				
PYR NE		ND	ppb	10.0	1	625				
	EXYL)PHTHALATE	ND	ppb	10.0	1	625				
	···	ND	ppb	10.0	1	625				
1,2,4 TRICHLO		ND	ppb	10.0	1	625				

ND = NON DETECT

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-25-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-03-04

COMMENTS:

VOLATILES

DATE ANALYZED:

03-04-04

CTL SAMPLE ID:

04-1345

CTL JOB NUMBER:

<u> </u>		VOLA	ATILES	CTL JOB NUI	2000	040694
40:	ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
	DLEIN	ND	ppb	5.0	1	624
	'LONITRILE	ND	ppb	5.0	1	624
	ENE	ND	ppb	1.0	1	624
	MOFORM	ND	ppb	1.0	1	624
	MOMETHANE	ND	ppb	1.0	1	624
CAF	ION TETRACHLORIDE	ND	ppb	1.0	1	624
CHL	ROBENZENE	ND	ppb	1.0	1	624
CHL	ROETHANE	ND	ppb	1.0	1	
CHL	ROFORM	ND	ppb	1.0	1	624
CHL	ROMETHANE	ND	ppb	1.0	1	624
OIBI O	MOCHLOROMETHANE	ND	ppb	1.0	<u> </u>	624
,2-1 (CHLOROBENZENE	ND	ppb	1.0	1	624
,3-1 0	HLOROBENZENE	ND			1	624
	HLOROBENZENE		ppb	1.0	1	624
		ND	ppb	1.0	_ 1	624

12:16p

CULPEPPER TESTING LABORATORIES

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: cuipe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-25-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-03-04

COMMENTS: VOLATILES

DATE ANALYZED:

03-04-04

CTL SAMPLE ID:

04-1345

CTL JOB NUMBER:

0120,444	VOLA	TILES			
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
DIC LORODIFLUROMETHANE	ND	ppb	1.0	1	624
1,1- ICHLOROETHANE	ND	ppb	1.0	1	624
1,2- ICHLOROETHANE	ND	ppb	1.0	1	624
1,1- ICHLOROETHENE	ND	opb	1.0	1	624
1,2- ICHLOROETHENE (TOTAL)	ND	ppb	1,0	1	624
1,2- ICHLOROPROPANE	ND	ppb	1.0	1	624
CIS ,3-DICHLOROPROPENE	ND	ppb	1.0	1	624
TRA IS-1,3-DICHLOROPROENE	ND	ppb	1.0	1	624
ETH LBENZENE	ND	ppb	1.0	1	624
MET TYLENE CHLORIDE	ND	ppb	2.5	1	624
1,1,: 2-TETRACHLOROETHANE	ND	ppb	1.0	1	624
TET ACHLOROETHENE	ND	ppb	1.0	1	624
TOL ENE	ND	ppb	1.0	1	624
1,1, TRICHLOROETHANE	ND	ppb	1.0	1	624
1,1,: TRICHLOROETHANE	ND	ppb	1.0	1	624
TRK ILOROETHENE	ND	ppb	1.0	1	624

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-25-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-03-04

COMMENTS: VOLATILES

DATE ANALYZED:

03-04-04

CTL SAMPLE ID:

04-1345

CTL JOB NUMBER:

20040694

	VOLATILES VOLATILES								
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD				
VIN' . CHLORIDE	ND	ppb	1.0	1					
XYL NES (TOTAL)	ND	ppb	1.0		624				
BRC MODICHLOROMETHANE	ND	ppb	1.0		624				
RIC ILOROFLUOROMETHANE	NĎ			1	624				
	1 140	ppb	1.0	1	624				

ND = NON DETECT

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE.

04-16-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-15-04

COMMENTS: METALS

DATE ANALYZED:

03-16-04

CTL SAMPLE ID: 04-1379 & 04-1380

CTL JOB NUMBER:

20040714

			4 04-1000			B NOWREL	R: 200407	<u> 14 </u>
 		·	ANALT	ICAL RES	ULTS			
Al	ALYTE	INFLUENT 04-1379	EFFLUENT 04-1380	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD	TIME
ANTIN)NY	ND	ND	ppb	10.0	1	200.7	11:52
ARSE		ND	ND	ppb	10.0	1	206.2	11:52
BERY	IUM	ND	ND	ppb	5.0	1	200.7	11:52
CADM .		ND	ND	ppb	1.0	1	213.1	10:49
CHRO I	IUM	ND	47.0	ppb	5.0	1	218.1	11:02
	IUM (HEX)	ND	ND	ppb	10.0	1	218.4	3:04
COPP	₹	1.0	7.0	ppb	10.0	1	220.1	11:28
CYAN)	E	ND	ND	ppb	10.0	1	335.2	3:16
LEAD _		1800.0	1450.0	ppb	5.0	1	239.1	11:47
MERC IF	ξY	0.031	0.0114	ppb	0.0002	1	1631E	2:58
NICKI _		170.0	150.0	ppb	5.0	1	249.2	10:31
SELE IU	M	ND	ND	ppb	2.0	1	270.2	11:52
SILVE L		ND	ND	ppb	2.0	1	272.1	10:54
THAL IU	M	ND	ND	ppb	10.0	1	279.2	11:52
INC		0.08	31.0	ppb	50.0	1	∠ 289.1	11:17

Reviewed by: 2

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

04-16-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-15-04

COMMENTS: INFLUENT PHENOLS

DATE ANALYZED:

03-16-04

CTL SAMPLE ID:

04-1379

CTL JOB NUMBER:

2004C714

CTL SAMPLE ID: 04-1373	INFLUENT	PHENOL			
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
-CI ORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625
	ND	ppb	10.0	1	625
-CI -OROPHENOL	ND	ppb	10.0	1	625
4-I CHLOROPHENOL	ND	ppb	10.0	1	625
,4-I IMETHYLPHENOL	ND	ppb	10.0	1	625
,4-I INITROPHENOL	ND	ppb	10.0	1	625
THYL-4,6-DINITROPHENOL	ND	ppb	10.0	1	625
-NI ROPHENOL	ND ND	ppb	10.0	1	625
I-NI ROPHENOL	ND	ppb	10.0	1	625
PEN ACHLOROPHENOL	24.0	ррь	10.0	1	625
PHE IOL			10.0	1	625
2,4, TRICHLOROPHENOL	ND	ppb	10.0	1	625
2,4, TRICHLOROPHENOL	ND	ppb	10.0		

Reviewed by:

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

04-16-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-15-04

COMMENTS: EFFLUENT PHENOLS

DATE ANALYZED:

03-16-04

CTL SAMPLE ID:

04-1380

CTL JOB NUMBER:

20040714

		EFFLUEN	T PHENOL			
	ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
4-C	LORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625
2-C	LOROPHENOL	ND	ppb	10.0	1	625
2,4-	ICHLOROPHENOL	ND	ppb	10.0	1	625
2,4-	IMETHYLPHENOL	ND	ppb	10.0	1	625
2,4-	INITROPHENOL	ND	ppb	10.0	1	625
2-M	THYL-4,6-DINITROPHENOL	ND	ppb	10.0	1	625
2-N	ROPHENOL	ND	ppb	10.0	1	625
4-N	ROPHENOL	ND	ppb	10.0	1	625
PEN	ACHLOROPHENOL	ND	ppb	10.0	1	625
PHE	10L	ND	ppb	10.0	1	625
2,4,	TRICHLOROPHENOL	ND	ppb	10.0	1	625
2,4,	TRICHLOROPHENOL	ND	ppb	10.0	1	625

Reviewed by:

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP.

REPORT DATE:

04-30-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-29-04

COMMENTS: METALS

DATE ANALYZED:

CTL SAMPLE |D: 04-1421 & 04-1422

	-10. U4-	1421 & 04-1422		DAT	E ANALYZEC	•	- 04
AI ALYT					N- 12EL): 03-3()-04
<u> </u>	04-142	NT EFFLUENT	TICAL RESU	ILTS	OB NUMBER	R: 20040	
ANTIN INY		04-1422	UNITS	REPORT	T		
ARSE IC	ND	ND	1	LIMITS	DIL, FACTOR	EPA	T
BERY -IUM	ND ND	I ND	ppb	10.0		METHOD	TIME
CADM JM	ND	ND	ppb	10.0	1	200.7	4:01
CHRO IIUM	ND	3.0	PPb	5.0	1	206.2	4:01
CHRO IIUM (HEX)	ND	85.0	ppb	1.0	$\frac{1}{1}$	200.7	4:01
COPP R	ND	ND	ppb 5.	0		213.1	7:09
CYAN JE	4.0	5.0	ppb 10.	0		218.1	5:18
LEAD	ND	ND P	10.0	, /-		181	2:49
MERC IRY	1900.0	995.0 PI	ob 10.0	7		01	2:28
NICKI .	0.0593	0.0602 pp	b 5.0	1	335	.2 4:0	
SELE IUM	2400	125.0 ppt	0.0002	+-1	239.	1 11:4	
SILVE !	ND I	ND PPB	5.0	 	1631		─
THAL IUM	ND	ID PPb	2.0	1	249.2	1:54	- J
PINC	ND N	— Ppb	2.0	1	270.2	4:01	\dashv
	80 n	/ Ppb	10.0	1	272.1		4
	29.	Ppb	50.0	1	279.2	11:12	-
		D- 1			289.1	4:01	
		revie	wed by			10:47	

Reviewed by: _

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

07-06-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

05-19-04

COMMENTS: METALS

DATE ANALYZED:

05-20-04

CTL SAMPLE ID: 04-1638 & 04-1639

CTL JOB NUMBER:

20040812

	ANALTICAL RESULTS										
ANALYTE	INFLUENT 04-1638	EFFLUENT 04-1639	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD	TIME				
ANTIMONY	ND ·	ND	ppb	10.0	1	200.7	3:28				
ARSENIC	ND	ND	ppb	10.0	1	206.2	3:28				
BERYLLIUM	ND	ND	ppb	5.0	1	200.7	3:28				
CADMIUM	ND	ND	ppb	1.0	1	213.1	5:30				
CHROMIUM	53.0	49.0	ppb	5.0	1	218.1	2:15				
CHROMIUM (HEX)	ND	ND	ppb	10.0	1	218.4	2:18				
COPPER	ND	18.0	ppb	10.0	1	220.1	2:19				
CYANIDE	ND	ND	ppb	10.0	1	335.2	10:36				
LEAD	1520.0	1050.0	ppb	5.0	1	239.1	3:01				
MERCURY	1.42	0.219	ppb	0.0002	1	1631E	12:17				
NICKEL	ND	ND	ppb	5.0	1	249.2	2:57				
SELENIUM	ND	ND	ppb	2.0	1	270.2	3:28				
SILVER	ND	ND	ppb	2.0	1	272.1	2:47				
THALLIUM	ND	ND	ppb	10.0	1	279.2	3:28				
ZINC	107.0	32.0	ppb	50.0	<u>/</u> 1	289.1	2:41				

Reviewed by:

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

07-06-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

05-19-04

COMMENTS: INFLUENT PHENOLS

DATE ANALYZED:

05-20-04

CTL SAMPLE ID:

04-1638

CTL JOB NUMBER:

20040812

INFLUENT PHENOL								
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD			
P-CHLORO-M-CRESOL	ND	ppb	10.0	1	625			
2-CHLOROPHENOL	ND	ppb	10.0	1	625			
2,4-DICHLOROPHENOL	ND	ppb	10.0	1	625			
2,4-DIMETHYLPHENOL	ND	ppb	10.0	1	625			
4,6-DINITRO-O-CRESOL	ND	ppb	10.0	1	625			
2,4-DINITROPHENOL	ND	ppb	10.0	1	625			
2-NITROPHENOL	ND	ppb	10.0	1	625			
4-NITROPHENOL	ND	ppb	10.0	1	625			
PENTACHLOROPHENOL	ND	ppb	10.0	1	625			
PHENOL	57.0	ppb	10.0	1	625			
2,4,6-TRICHLOROPHENOL	ND	ppb	10.0	1	625			

Reviewed b

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

07-06-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

05-19-04

COMMENTS: EFFLUENT PHENOLS

DATE ANALYZED:

05-20-04

CTL SAMPLE ID:

04-1639

CTL JOB NUMBER:

20040812

EFFLUENT PHENOL								
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD			
P-CHLORO-M-CRESOL	ND	ppb	10.0	1	625			
2-CHLOROPHENOL	ND	ppb	10.0	1	625			
2,4-DICHLOROPHENOL	ND	ppb	10.0	1	625			
2,4-DIMETHYLPHENOL	ND	ppb	10.0	1	625			
4,6-DINITRO-O-CRESOL	ND	ppb	10.0	1 ,	625			
2,4-DINITROPHENOL	ND	ppb	10.0	·1	625			
2-NITROPHENOL	ND	ppb	10.0	1	625			
4-NITROPHENOL	ND	ppb	10.0	1	625			
PENTACHLOROPHENOL	ND	ppb	10.0	1	625			
PHENOL	ND	ppb	10.0	1	625			
2,4,6-TRICHLOROPHENOL	ND	ppb	10.0	1	625			

Reviewed by

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

07-06-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

05-28-04

COMMENTS: METALS

DATE ANALYZED:

06-01-04

CTL SAMPLE ID: 04-1648 & 04-1649

CTL JOB NUMBER:

ANALTICAL RESULTS									
ANALYTE	INFLUENT 04-1648	EFFLUENT 04-1649	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD	TIME		
ANTIMONY	ND	ND	ppb	10.0	1	200.7	4:28		
ARSENIC	ND	ND	ppb	10.0	1	206.2	4:28		
BERYLLIUM	ND	ND	ppb	5.0	1	200.7	4:28		
CADMIUM	ND	ND	ppb	1.0	1	213.1	3:59		
CHROMIUM	26.0	22.0	ppb	5.0	1	218.1	4:17		
CHROMIUM (HEX)	ND	ND	ppb	10.0	1	218.4	1:45		
COPPER	ND	ND	ppb	10.0	1	220.1	4:05		
CYANIDE	ND	ND	ppb	10.0	1	335.2	2:46		
LEAD	510.0	140.0	ppb	5.0	1	239.1	4:14		
MERCURY	5.23	0.116	ppb	0.0002	1	1631E	1:19		
NICKEL	83.0	3.0	ppb	5.0	1	249.2	4:23		
SELENIUM	ND	ND	ppb	2.0	1	270.2	4:28		
SILVER	2.0	1.0	ppb	2.0	1	272.1	4:12		
THALLIUM	ND	ND	ppb	10.0	1	279.2	4:28		
ZINC	87.0	28.0	ppb	50.0	1 /	289.1	4:20		

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 Fax: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

07-06-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

05-28-04

COMMENTS: INFLUENT PHENOLS

DATE ANALYZED:

06-01-04

CTL SAMPLE ID:

04-1648

CTL JOB NUMBER:

20040820

INFLUENT PHENOL								
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD			
P-CHLORO-M-CRESOL	ND	ppb	10.0	1	625			
2-CHLOROPHENOL	ND	ppb	10.0	1	625			
2,4-DICHLOROPHENOL	ND	ppb	10.0	1	625			
2,4-DIMETHYLPHENOL	ND	ppb	10.0	1	625			
4,6-DINITRO-O-CRESOL	ND	ppb	10.0	1	625			
2,4-DINITROPHENOL	ND	ppb	10.0	1	625			
2-NITROPHENOL	ND	ppb	10.0	1	625			
4-NITROPHENOL	ND	ppb	10.0	1	625			
PENTACHLOROPHENOL	ND	ppb	10.0	1	625			
PHENOL	12.0	ppb	10.0	1	625			
2,4,6-TRICHLOROPHENOL	ND	ppb	10.0	1	625			

Reviewed by

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

07-06-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

05-28-04

COMMENTS: EFFLUENT PHENOLS

DATE ANALYZED:

06-01-04

CTL SAMPLE ID:

04-1649

CTL JOB NUMBER:

20040820

EFFLUENT PHENOL								
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD			
P-CHLORO-M-CRESOL	ND	p pb	10.0	1	625			
2-CHLOROPHENOL	ND	ppb	10.0	1	625			
2,4-DICHLOROPHENOL	ND	ppb	10.0	1	625			
2,4-DIMETHYLPHENOL	ND	ppb	10.0	1.	625			
4,6-DINITRO-O-CRESOL	ND	ppb	10.0	1	625			
2,4-DINITROPHENOL	ND	ppb	10.0	1	625			
2-NITROPHENOL	ND	ppb	10.0	1	625			
4-NITROPHENOL	ND	ppb	10.0	1	625			
PENTACHLOROPHENOL	ND	ppb	10.0	1	625			
PHENOL	ND	ppb	10.0	1	625			
2,4,6-TRICHLOROPHENOL	ND	ppb	10.0	1	625			

Reviewed by

Davis Research, Inc.

P.O. Box 40, Avon, MS 38723-0040

Ph. (662) 332-1943

Fax (662) 332-0081

Test Results for City of Meridian *

Sample Description	Test Organism	ICp 25 Value (%)
Effluent Sample		
	Pimephales promelas	>100.0
	Ceriodaphnia dubia	5.38

^{*}A full report on each test in enclosed.

City of Meridian - Meridian, MS Chronic Toxicity Bioassay with Ceriodaphnia dubia

INTRODUCTION

A seven - day toxicity bioassay was performed by Davis Research, Inc. on samples of effluent from the wastewater treatment facility of the City of Meridian, MS..

METHODS AND MATERIALS

The bioassay was done under the conditions and protocols specified in Method 1000.0 in EPA / 600/ 4 - 91 / 002, Short - Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms.

Ceriodaphnia dubia, grown in our laboratory from a starter culture obtained from Aquatic Bio Systems, Inc., Fort Collins, Colorado, was used as the test organism.

The twenty-four hour composite effluent samples were collected at the City of Meridian (East) WWTP on April 5, 7, and 9, 2004. The samples were collected in plastic containers and refrigerated until used. A portion of each sample was removed and used as needed in accordance with the test protocol. The test was initiated on April 6, 2004 and terminated on April 13, 2004.

A synthetic, moderately hard diluted mineral water was prepared according to the reference cited above. The sample was tested at concentrations of 6.25 %, 12.50%, 25.00%, 50.00%, and 100.00%, with a dilution water control. Sample concentrations were made in quantities sufficient for use in the test vessels and for chemical analysis.

Each test sample concentration and the dilution water were analyzed for dissolved oxygen, pH, conductivity, temperature, alkalinity, and hardness on the first day and last day of the test. The samples were also analyzed for chlorine on the first day and on fresh samples. When fresh samples or dilution water were used, testing was done as appropriate. On the other days, measurements were made for dissolved oxygen, pH, temperature and conductivity of the dilution water control and of the sample concentrations, or as appropriate when fresh and/or dilution water were used.

Test chambers were 30 ml plastic cups. One test organism was placed into each cups which contained 15 ml of test liquid. This was replicated ten times. The test was conducted at 25 ± 1 °C and with 16 hours of light and 8 hours of darkness.

The test organisms were observed daily and information on the test objectives was recorded.

APPENDIX A.

Summary of test conditions for Ceriodaphnia dubia chronic bioassay

Static renewal 1. Test type:

 25 ± 1 °C 2. Temperature:

Cool - white fluorescent 3. Light quality:

50 - 100 ft - c 4. Light intensity:

16 hours light, 8 hours dark 5. Photoperiod:

30 ml 6. Test vessel size:

15 ml 7. Test solution volume:

Daily 8. Renewal:

Less than 24 hours old 9. Age of organism:

10. Number of organisms per chamber:

11. Number of replications per treatment:

Fed 0.1 ml YCT and algal 12. Feeding regime:

suspension per cup daily

None 13. Aeration:

Synthetic, moderately hard diluted 14. Dilution water:

mineral water

5 effluent concentrations, 1 control 15. Test solutions:

0.5 16. Dilution factor:

7 days 17. Test duration:

Survival and reproduction 18. Effects measured:

APPENDIX B. Summary of Ceriodaphnia dubia survival and reproduction

Concentration %	0.0	<u>6.25</u>	<u>12.50</u>	<u>25.00</u>	<u>50.00</u>	<u>100.00</u>
No. of Young	365	259	250	258	229	234
Young per test Adult	36.5	25.9	25.0	25.8	22.9	23.4
No. of adults Surviving	10	10	9	10	10	9

Endpoints

Reproduction:

ICp25 = 5.38 % sample

APPENDIX C.

Summary of *Ceriodaphnia dubia* survival and reproduction in the NaCl reference test

<u>g/L</u>	<u>0.0</u>	<u>1.4</u>	<u>1.8</u>	<u>2.2</u> .	<u>2.6</u>	<u>3.0</u>
No. of Young	378.	128	6	0	0	Ó
Young per test Adult	37.8	12.8	0.6	0	0	0
No. of Adults surviving	10	10	9	3	0	0

Reference Test Endpoints

Reproduction:

ICp25 = 0.52 g/L NaCl

Meridian, MS Chronic Toxicity Bioassay with Pimephales promelas

INTRODUCTION

A seven - day toxicity bioassay was performed by Davis Research, Inc. on samples of effluent from the wastewater treatment facility of the Meridian, MS.

METHODS AND MATERIALS

The bioassay was done under the conditions and protocols specified in EPA / 600/ 4 - 91 / 002, Method 1000.0, Short - Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms.

Pimephales promelas, obtained from Aquatic Bio Systems, Inc., Fort Collins, Colorado, was used as the test organism.

The effluent samples were collected at the Meridian WWTP on April 5, 7 and 9, 2004. The samples were collected in plastic containers and refrigerated until used. A portion of each sample was removed and used as needed in accordance with the test protocol. The test was initiated on April 6, 2004 and terminated on April 13, 2004.

A synthetic, moderately hard diluted mineral water was prepared according to the reference cited above. The sample was tested at concentrations of 6.25 %, 12.50%, 25.00%, 50.00%, and 100.00%, with a dilution water control. Sample concentrations were made in quantities sufficient for use in the test vessels and for chemical analysis.

Each test sample concentration and the dilution water were analyzed for dissolved oxygen, pH, conductivity, temperature, alkalinity, and hardness on the first day and last day of the test. The samples were also analyzed for chlorine on the first day and on fresh samples. When fresh samples or dilution water were used, testing was done as appropriate. On the other days, measurements were made for dissolved oxygen, pH, temperature and conductivity of the dilution water control and of the sample concentrations, or as appropriate when fresh and/or dilution water were used.

Test chambers were 300 ml plastic cups. Ten test organisms were placed into each cup which contained 250 ml of test liquid. This was replicated four times. The test was conducted at 25 ± 1 °C and with 16 hours of light and 8 hours of darkness.

The test organisms were observed daily and information on the test objectives was recorded.

APPENDIX A. Summary of test conditions for Pimephales promelas chronic bioassay

1. Test type: Static renewal

2. Temperature: 25 ± 1 °C

3. Light quality: Cool - white fluorescent

4. Light intensity: 50 - 100 ft - c

5. Photoperiod: 16 hours light, 8 hours dark

6. Test vessel size: 300 ml

7. Test solution volume: 250 ml

8. Renewal: Daily

9. Age of organism: Less than 24 hours old

10. Number of organisms per chamber: 10

11. Number of replications per treatment: 4

12. Feeding regime: Fed 0.5 ml shrimp

nauplii twice daily

13. Aeration: None

14. Dilution water: Synthetic, moderately hard diluted

mineral water

15. Test solutions: 5 effluent concentrations, 1 control

16. Dilution factor: 0.5

17. Test duration: 7 days

18. Effects measured: Survival and growth

APPENDIX B. Summary of Pimephales promelas survival and growth

Sample Concentration %	0.0	<u>6.25</u>	12.50	<u>25.00</u>	<u>50.00</u>	<u>100.00</u>
No. of Animals	40	37	29	30	29	35
% Mortality	0.0	7.5	27.5	25.00	27.5	12.5
Average animal dry weight at end of test (mg)	0.70	0.66	0.64	0.44	0.57	0.67

Endpoints

Growth:

ICp25 = >100.0 % sample

APPENDIX C.

Summary of *Pimephales promelas* survival and growth in the NaCl reference test

g/L	0.0	<u>2.00</u>	4.00	<u>6.00</u>	<u>8.00</u>	10.00
No. of animals	40	16	21	18	0	0
% Mortality	0.0	60.0	47.5	55.00	100.0	100.0
Average animal dry weight at end of test (mg)	0.74	0.26	0.35	0.47	0.00	0.00

Reference Test Endpoints

Growth:

ICp25 = 0.97 g/L NaCl

Date of Reference Test:

03/30/04 - 04/06/04

Davis Research, Inc.

P.O. Box 40, Avon, MS 38723-0040

Ph. (662) 332-1943

Fax (662) 332-0081

12.71

Test Results for City C		***************************************
Sample Description		ICp 25 Value (%)
Effluent Sample		
	Pimephales promelas	>100.0

. Ceriodaphnia dubia

^{*}A full report on each test in enclosed.

Meridian, MS

Chronic Toxicity Bioassay with Pimephales promelas

INTRODUCTION

A seven - day toxicity bioassay was performed by Davis Research, Inc. on samples of effluent from the wastewater treatment facility of the Meridian, MS.

METHODS AND MATERIALS

The bioassay was done under the conditions and protocols specified in EPA / 600/4 - 91 / 002, Method 1000.0, Short - Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms.

Pimephales promelas, obtained from Aquatic Bio Systems, Inc., Fort Collins, Colorado, was used as the test organism.

The effluent samples were collected at the Meridian WWTP on February 9, 11 and 13, 2004. The samples were collected in plastic containers and refrigerated until used. A portion of each sample was removed and used as needed in accordance with the test protocol. The test was initiated on February 10, 2004 and terminated on February 17, 2004.

A synthetic, moderately hard diluted mineral water was prepared according to the reference cited above. The sample was tested at concentrations of 6.25 %, 12.50%, 25.00%, 50.00%, and 100.00%, with a dilution water control. Sample concentrations were made in quantities sufficient for use in the test vessels and for chemical analysis.

Each test sample concentration and the dilution water were analyzed for dissolved oxygen, pH, conductivity, temperature, alkalinity, and hardness on the first day and last day of the test. The samples were also analyzed for chlorine on the first day and on fresh samples. When fresh samples or dilution water were used, testing was done as appropriate. On the other days, measurements were made for dissolved oxygen, pH, temperature and conductivity of the dilution water control and of the sample concentrations, or as appropriate when fresh and/or dilution water were used.

Test chambers were 300 ml plastic cups. Ten test organisms were placed into each cup which contained 250 ml of test liquid. This was replicated four times. The test was conducted at 25 ± 1 °C and with 16 hours of light and 8 hours of darkness.

The test organisms were observed daily and information on the test objectives was recorded.

SUMMARY OF RESULTS

The ICp25 for growth was >100 % sample.

APPENDIX A. Summary of test conditions for *Pimephales promelas* chronic bioassay

1. Test type: Static renewal

2. Temperature: 25 ± 1 °C

3. Light quality: Cool - white fluorescent

4. Light intensity: 50 - 100 ft - c

5. Photoperiod: 16 hours light, 8 hours dark

6. Test vessel size: 300 ml

7. Test solution volume: 250 ml

8. Renewal: Daily

9. Age of organism: Less than 24 hours old

10. Number of organisms per chamber: 10

11. Number of replications per treatment: 4

12. Feeding regime: Fed 0.5 ml shrimp

nauplii twice daily

13. Aeration: None

14. Dilution water: Synthetic, moderately hard diluted

mineral water

15. Test solutions: 5 effluent concentrations, 1 control

16. Dilution factor: 0.5

17. Test duration: 7 days

18. Effects measured: Survival and growth

APPENDIX B. Summary of Pimephales promelas survival and growth

Sample Concentration %	0.0	6.25	12.50	<u>25.00</u>	<u>50.00</u>	100.00
No. of Animals	40	35	40	36	40	40
% Mortality	0.0	87.5	0.0	90.0	0.0	0.0
Average animal dry weight at end of test (mg)	0.73	0.63	0.61	0.67	0.72	0.74

Endpoints

Growth:

ICp25 = >100.0 % sample

APPENDIX C. Summary of *Pimephales promelas* survival and growth in the NaCl reference test

g/L	0.0	<u>2.00</u>	4.00	6.00	<u>8.00</u>	<u>10.00</u>
No. of animals	40	23	21	6	0	0
% Mortality	0.0	57.5	52 5	15.0	100.0	100.0
Average animal dry weight at end of test (mg)	0.48	0.42	0.44	0.09	0.0	0.0

Reference Test Endpoints

Growth:

ICp25 = 0.54 g/L NaCl

City of Meridian - Meridian, MS Chronic Toxicity Bioassay with Ceriodaphnia dubia

INTRODUCTION

A seven - day toxicity bioassay was performed by Davis Research, Inc. on samples of effluent from the wastewater treatment facility of the City of Meridian, MS.

METHODS AND MATERIALS

The bioassay was done under the conditions and protocols specified in Method 1000.0 in EPA / 600/ 4 - 91 / 002, Short - Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms.

Ceriodaphnia dubia, grown in our laboratory from a starter culture obtained from Aquatic Bio Systems, Inc., Fort Collins, Colorada, was used as the test organism.

The twenty-four hour composite effluent samples were collected at the City of Meridian WWTP on February 9, 11, and 13, 2004. The samples were collected in plastic containers and refrigerated until used. A portion of each sample was removed and used as needed in accordance with the test protocol. The test was initiated on February 10, 2004 and terminated on February 17, 2004.

A synthetic, moderately hard diluted mineral water was prepared according to the reference cited above. The sample was tested at concentrations of 6.25 %, 12.50%, 25.00%, 50.00%, and 100.00%, with a dilution water control. Sample concentrations were made in quantities sufficient for use in the test vessels and for chemical analysis.

Each test sample concentration and the dilution water were analyzed for dissolved oxygen, pH, conductivity, temperature, alkalinity, and hardness on the first day and last day of the test. The samples were also analyzed for chlorine on the first day and on fresh samples. When fresh samples or dilution water were used, testing was done as appropriate. On the other days, measurements were made for dissolved oxygen, pH, temperature and conductivity of the dilution water control and of the sample concentrations, or as appropriate when fresh and/or dilution water were used.

Test chambers were 30 ml plastic cups. One test organism was placed into each cups which contained 15 ml of test liquid. This was replicated ten times. The test was conducted at 25 ± 1 °C and with 16 hours of light and 8 hours of darkness.

The test organisms were observed daily and information on the test objectives was recorded.

SUMMARY OF RESULTS

The ICp25 for reproduction was 12.17.% sample.

APPENDIX A. Summary of test conditions for Ceriodaphnia dubia chronic bioassay

1. Test type: Static renewal

2. Temperature: 25 ± 1 °C

3. Light quality: Cool - white fluorescent

4. Light intensity: 50 - 100 ft - c

5. Photoperiod: 16 hours light, 8 hours dark

6. Test vessel size: 30 ml

7. Test solution volume: 15 ml

8. Renewal: Daily

9. Age of organism: Less than 24 hours old

10. Number of organisms per chamber: 1

11. Number of replications per treatment: 10

12. Feeding regime: Fed 0.1 ml YCT and algal

suspension per cup daily

13. Aeration: None

14. Dilution water: Synthetic, moderately hard diluted

mineral water

15. Test solutions: 5 effluent concentrations, 1 control

16. Dilution factor: 0.5

17. Test duration: 7 days

18. Effects measured: Survival and reproduction

APPENDIX B. Summary of Ceriodaphnia dubia survival and reproduction

Concentration %	0.0	<u>6.25</u>	<u>12.50</u>	<u>25.00</u>	<u>50.00</u>	100.00
No. of Young	304	227	231	166	210	228
Young per test Adult	30.4	22.7	23.1	16.6	21.0	22.8
No. of adults Surviving	10	10	10	9	10	10

Endpoints

Reproduction:

ICp25 = 21.71 % sample

APPENDIX C.

Summary of *Ceriodaphnia dubia* survival and reproduction in the NaCl reference test

g/L	<u>0.0</u>	<u>1.4</u>	<u>1.8</u>	2.2	<u>2.6</u>	<u>3.0</u>
No. of Young	338	136	5	0	0	0
Young per test Adult	33.8	13.6	0.5	0.0	0.0	0.0
No. of Adults surviving	10	9	. 3	0	0	0

Reference Test Endpoints

Reproduction:

ICp25 = 0.58 g/L NaCl

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

07-06-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

05-10-04

COMMENTS: EFFLUENT PHENOLS

DATE ANALYZED:

05-11-04

CTL SAMPLE ID:

04-1620

CTL JOB NUMBER:

20040797

EFFLUENT PHENOL									
ANALYTE	RESULT UNITS REPORT DIL. EPA LIMITS FACTOR METHOD								
P-CHLORO-M-CRESOL	ND	ppb	10.0	1	625				
2-CHLOROPHENOL	ND	ppb	10.0	1	625				
2,4-DICHLOROPHENOL	ND	ppb	10.0	1	625				
2,4-DIMETHYLPHENOL	ND	ppb	10.0	1	625				
4,6-DINITRO-O-CRESOL	ND	ppb	10.0	1	625				
2,4-DINITROPHENOL	ND	ppb	10.0	1	625				
2-NITROPHENOL	ND	ppb	10.0	1	625				
4-NITROPHENOL	ND	ppb	10.0	1	625				
PENTACHLOROPHENOL	ND	ppb	10.0	1	625				
PHENOL	ND	ppb	10.0	1	625				
2,4,6-TRICHLOROPHENOL	ND	ppb	10.0	1	625				

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

07-06-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

05-10-04

COMMENTS: INFLUENT PHENOLS

DATE ANALYZED:

05-11-04

CTL SAMPLE ID:

04-1620

CTL JOB NUMBER:

20040797

INFLUENT PHENOL								
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD			
P-CHLORO-M-CRESOL	ND	ppb	10.0	1	625			
2-CHLOROPHENOL	ND	ppb	10.0	1	625			
2,4-DICHLOROPHENOL	ND	ppb	10.0	1	625			
2,4-DIMETHYLPHENOL	ND	ppb	10.0	1	625			
4,6-DINITRO-O-CRESOL	ND	ppb	10.0	1	625			
2,4-DINITROPHENOL	ND	ppb	10.0	1	625			
2-NITROPHENOL	ND	ppb	10.0	1	625			
4-NITROPHENOL	ND	ppb	10.0	1	625			
PENTACHLOROPHENOL	ND	ppb	10.0	1	625			
PHENOL	ND	ppb	10.0	1	625			
2,4,6-TRICHLOROPHENOL	ND	ppb	10.0	1	625			

Reviewed by:

Linda #. Culpepper

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

07-06-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

05-10-04

COMMENTS: METALS

DATE ANALYZED:

05-11-04

CTL SAMPLE ID: 04-1619 & 04-1620

CTL JOB NUMBER:

20040797

	ANALTICAL RESULTS							
ANALYTE	INFLUENT 04-1619	EFFLUENT 04-1620	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD	TIME	
ANTIMONY	ND	ND	ppb	10.0	1	200.7	9:00	
ARSENIC	ND	ND	ppb	10.0	1	206.2	9:00	
BERYLLIUM	ND	ND	ppb	5.0	1	200.7	9:00	
CADMIUM	ND	ND	ppb	1.0	1	213.1	4:37	
CHROMIUM	92.0	44.0	ppb	5.0	1	218.1	3:09	
CHROMIUM (HEX)	ND	ND	ppb	10.0	1	218.4	4:00	
COPPER	ND	18.0	ppb	10.0	1	220.1	2:44	
CYANIDE	ND	ND	ppb	10.0	1	335.2	9:17	
LEAD	1240.0	1200.0	ppb	5.0	1	239.1	2:26	
MERCURY	1.547	0.306	ppb	0.0002	1	1631E	3:32	
NICKEL	ND	ND	ppb	5.0	1	249.2	2:37	
SELENIUM	. ND	ND '	ppb	2.0	1	270.2	9:00	
SILVER	ND	ND	ppb	2.0	1	272.1	2:32	
THALLIUM	ND	ND	ppb	10.0	1	279.2	9:00	
ZINC	88.0	42.0	ppb	50.0	1	289.1	1:56	

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

05-25-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

04-30-04

COMMENTS: METALS

DATE ANALYZED:

05-03-04

CTL SAMPLE ID: 04-1492 & 04-1493

CTL JOB NUMBER:

20040784

ANALTICAL RESULTS									
ANALYTE	INFLUENT 04-1492	EFFLUENT 04-1493	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD	TIME		
ANTIMONY	ND	ND	ppb	10.0	1	200.7	12:29		
ARSENIC	ND	ND	ppb	10.0	1	206.2	12:29		
BERYLLIUM	ND	ND	ppb	5.0	1	200.7	12:29		
CADMIUM	ND	2.0	ppb	1.0	1	213.1	11:51		
CHROMIUM	27.0	64.5	ppb	5.0	1	218.1	11:42		
CHROMIUM (HEX)	ND .	ND	ppb	10.0	1	218.4	3:06		
COPPER	1.0	ND	ppb	10.0	1	220.11	11:55		
CYANIDE	ND	ND	ppb	10.0	1.	335.2	2:49		
LEAD	940.0	910.0	ppb	5.0	1	239.1	12:07		
MERCURY	0.513	0.375	ppb	0.0002	1	1631E	8:56		
NICKEL	90.0	ND	ppb	5.0	1	249.2	12:11		
SELENIUM	ND	ND	ppb	2.0	1	270.2	12:29		
SILVER	ND	ND	ppb	2.0	1	272.1	12:03		
THALLIUM	ND	ND	ppb	10.0	1	279.2	12:29		
ZINC	137.0	33.0	ppb	50.0	1	289.1	11:59		

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 Fax: (601) 582-8163 E-mail: culpe@aol.com

REPORT DATE:

05-25-04

COLLECTED BY:

CLIENT

EAST MERIDAN WWTP

SAMPLE DATE:

04-30-04

CLIENT:

COMMENTS: INFLUENT PHENOLS

DATE ANALYZED:

05-03-04

CTL SAMPLE ID:

04-1492

CTL JOB NUMBER:

20040784

INFLUENT PHENOL								
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD			
4-CHLORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625			
2-CHLOROPHENOL	ND	ppb	10.0	1	625			
2,4-DICHLOROPHENOL	ND	ppb	10.0	1	625			
2,4-DIMETHYLPHENOL	ND	ppb	10.0	1	625			
2,4-DINITROPHENOL	ND	ppb	10.0	1	625			
2-METHYL-4,6-DINITROPHENOL	ND	ppb	10.0	1	625			
2-NITROPHENOL	ND	ppb	10.0	1	625			
4-NITROPHENOL	ND	ppb	10.0	1	625			
PENTACHLOROPHENOL	ND	ppb	10.0	1	625			
PHENOL	23.0	ppb	10.0	1	625			
2,4,5-TRICHLOROPHENOL	ND	ppb	10.0	1	625			
2,4,6-TRICHLOROPHENOL	ND	ppb	10.0	1	625			

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

04-16-04

COLLECTED BY:

CLIENT

SAMPLÉ DATE:

03-15-04

COMMENTS: EFFLUENT PHENOLS

DATE ANALYZED:

03-16-04

CTL SAMPLE ID:

04-1380

CTL JOB NUMBER:

20040714

	OTE OF WINDER ID.	<u> </u>	T PHENOL	CTE JOB NOI	100,1. 20	U4U7 14
	ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
4-CI	LORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625
2-CI	LOROPHENOL	ND	ppb	10.0	1	625
2,4-	ICHLOROPHENOL	ND	ppb	10.0	1	625
2,4-	IMETHYLPHENOL	ND	ppb	10.0	1	625
2,4-	INITROPHENOL	ND	ppb	10.0	1	625
2-M	THYL-4,6-DINITROPHENOL	ND	ppb	10.0	1	625
2-N	ROPHENOL	ND	ppb	10.0	1	625
4-N	ROPHENOL	ND	ppb	10.0	1	625
PEN	ACHLOROPHENOL	ND	ppb	10.0	1	625
PHE	IOL .	ND	ppb	10.0	1	625
2,4,	TRICHLOROPHENOL	ND	ppb	10.0	1	625
2,4,	TRICHLOROPHENOL	ND	ppb	10.0	1	625

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

05-25-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

04-30-04

COMMENTS: EFFLUENT PHENOLS

DATE ANALYZED:

05-03-04

CTL SAMPLE ID:

04-1493

CTL JOB NUMBER:

20040784

	EFFLUEN [*]	T PHENOL			
ANALYTE	RESULT.	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
4-CHLORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625
2-CHLOROPHENOL	ND	ppb	10.0	1	625
2,4-DICHLOROPHENOL	ND	ppb	10.0	1	625
2,4-DIMETHYLPHENOL	ND	ppb	10.0	1	625
2,4-DINITROPHENOL	ND	ppb	10.0	1	625
2-METHYL-4,6-DINITROPHENOL	ND	ppb	10.0	1	625
2-NITROPHENOL	ND	ppb	10.0	1	625
4-NITROPHENOL	ND	ppb	10.0	1	625
PENTACHLOROPHENOL	ND	ppb	10.0	1	625
PHENOL	ND	ppb	10.0	1	625
2,4,5-TRICHLOROPHENOL	ND	ppb	10.0	1	625
2,4,6-TRICHLOROPHENOL	ND	ppb	10.0	1	625

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

05-19-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

04-19-04

COMMENTS: EFFLUENT PHENOLS

DATE ANALYZED:

04-20-04

CTL SAMPLE ID:

04-1471

CTL JOB NUMBER:

20040768

	EFFLUEN	T PHENOL			
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
4-CHLORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625
2-CHLOROPHENOL	ND	ppb	10.0	1	625
2,4-DICHLOROPHENOL	ND	ppb	10.0	1	625
2,4-DIMETHYLPHENOL	ND	ppb	10.0	1	625
2,4-DINITROPHENOL	ND	ppb	10.0	1	625
2-METHYL-4,6-DINITROPHENOL	ND	ppb	10.0	1	625
2-NITROPHENOL	ND	ppb	10.0	1	625
4-NITROPHENOL	ND	ppb	10.0	1	625
PENTACHLOROPHENOL	ND	ppb	10.0	. 1	625
PHENOL	ND	ppb	10.0	1	625
2,4,5-TRICHLOROPHENOL	ND	ppb	10.0	1	625
2,4,6-TRICHLOROPHENOL	ND	ppb	10.0	1	625

Reviewed by

Linda Fl Culpepper

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

05-19-04.

COLLECTED BY:

CLIENT

SAMPLE DATE:

04-19-04

COMMENTS: INFLUENT PHENOLS

DATE ANALYZED:

04-20-04

CTL SAMPLE ID:

04-1470

CTL JOB NUMBER:

20040768

	INFLUEN	T PHENOL			
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
4-CHLORO-3-MEHTYLPHENOL	ND	ppb	16.7	1	625
2-CHLOROPHENOL	ND	ppb	16.7	1	625
2,4-DICHLOROPHENOL	ND	ppb	16.7	1	625
2,4-DIMETHYLPHENOL	ND	ppb	16.7	1	625
2,4-DINITROPHENOL	ND	ppb	16.7	1	625
2-METHYL-4,6-DINITROPHENOL	ND	ppb	16.7	1	625
2-NITROPHENOL	ND	ppb	16.7	1	625
4-NITROPHENOL	ND	ppb	16.7	1	625
PENTACHLOROPHENOL	ND	ppb	16.7	1	625
PHENOL	ND	ppb	16.7	1	625
2,4,5-TRICHLOROPHENOL	ND	ppb	16.7	1	625
2,4,6-TRICHLOROPHENOL	ND	ppb	16.7	1	625

Reviewed by:

Linda F./Culpepper(

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

05-19-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

04-19-04

COMMENTS: METALS

DATE ANALYZED:

04-20-04

CTL SAMPLE ID: 04-1470 & 04-1471

CTL JOB NUMBER:

20040768

		ANALTI	CAL RESI	JLTS			
ANALYTE	INFLUENT 04-1470	EFFLUENT 04-1471	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD	TIME
ANTIMONY	ND	ND	ppb	10.0	1	200.7	10:20
ARSENIC	ND	ND .	ppb	10.0	1	206.2	10:20
BERYLLIUM	ND	ND	ppb	5.0	1	200.7	10:20
CADMIUM	ND	7.0	ppb	1.0	1	213.1	4:46
CHROMIUM	142.0	396.0	ppb	5.0	1	218.1	6:01
CHROMIUM (HEX)	ND	ND	ppb	10.0	1	218.4	2:04
COPPER	ND	ND	ppb	10.0	1	220.1	4:50
CYANIDE	ND	ND	ppb	10.0	1	335.2	2:09
LEAD	1270.0	550.0	ppb	5.0	1	239.1	12:07
MERCURY	0.511	0.607	ppb	0.0002	1	1631E	5:07
NICKEL	21.0	16.0	ppb	5.0	1	249.2	4:39
SELENIUM	ND	ND	ppb	2.0	1	270.2	10:20
SILVER	ND	ND	ppb	2.0	1	272.1	5:27
THALLIUM	ND	ND	ppb	10.0	1	279.2	10:20
ZINC	98.0	36.0	ppb	50.0	1	289.1	11:59

Reviewed by: $\cancel{\cancel{2}}$

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: Culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

05-19-04

DATE RECEIVED: 04-08-04

SAMPLE DATE:

04-07-04

COLLECTED BY:

CLIENT

DATE ANALYZED: 04-08-04

CTL SAMPLE ID #: 04-1445

JOB NUMBER:

20040751

Analyte	Effluent	Units	Report Limits	Dil. Factor	Methodology
FOG	0.6	ppm	1.0	1	1664
TKN	1.68	ppm	0.01	1	4500-NB
TDS	82.0	ppm	0.01	1	160.1
PO ₄	1.8	ppm	0.001	1	365.4
NO ₃ /NO ₂	0.0321	ppm	0.001	1	353.2
HARDNESS	41,058.24	as CaCO ₃		1	130.2

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

05-19-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

04-07-04

COMMENTS: EFFLUENT PHENOLS

DATE ANALYZED:

04-08-04

CTL SAMPLE ID:

04-1445

CTL JOB NUMBER:

20040751

	EFFLUEN'	T PHENOL			
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
4-CHLORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625
2-CHLOROPHENOL	ND	ppb	10.0	1	625
2,4-DICHLOROPHENOL	ND	ppb	10.0	1	625
2,4-DIMETHYLPHENOL	ND	ppb	10.0	1	625
2,4-DINITROPHENOL	ND	ppb	10.0	1	625
2-METHYL-4,6-DINITROPHENOL	ND	ppb	10.0	1	625
2-NITROPHENOL	ND	ppb	10.0	1	625
4-NITROPHENOL	ND	ppb	10.0	1	625
PENTACHLOROPHENOL	ND	ppb	10.0	1	625
PHENOL	ND	ppb	10.0	1	625
2,4,5-TRICHLOROPHENOL	ND	ppb	10.0	1	625
2,4,6-TRICHLOROPHENOL	ND	ppb	10.0	1	625

Reviewed by:

Linda F. Culpepper

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163

E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

05-19-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

04-07-04

COMMENTS: INFLUENT PHENOLS

DATE ANALYZED:

04-08-04

CTL SAMPLE ID:

04-1444

CTL JOB NUMBER:

20040751

	INFLUEN'	T PHENOL			
ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
4-CHLORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625
2-CHLOROPHENOL	ND	ppb	10.0	1	625
2,4-DICHLOROPHENOL	ND	ppb	10.0	1	625
2,4-DIMETHYLPHENOL	ND	ppb	10.0	1	625
2,4-DINITROPHENOL	ND	ppb	10.0	1	625
2-METHYL-4,6-DINITROPHENOL	ND	ppb	10.0	1	625
2-NITROPHENOL	ND.	ppb	10.0	1	625
4-NITROPHENOL	ND	ppb	10.0	1	625
PENTACHLOROPHENOL	ND	ppb	10.0	1	625
PHENOL	ND	ppb	10.0	1	625
2,4,5-TRICHLOROPHENOL	ND	ppb	10.0	1 .	625
2,4,6-TRICHLOROPHENOL	ND	ppb	10.0	1	625

Reviewed by:

Linda F. Gulpepper

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

05-19-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

04-07-04

COMMENTS: METALS

DATE ANALYZED:

04-08-04

CTL SAMPLE ID: 04-1444 & 04-1445

CTL JOB NUMBER:

20040751

(ANALTI	CAL RES	JLTS			
ANALYTE	INFLUENT 04-1444	EFFLUENT 04-1445	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD	TIME
ANTIMONY	ND	ND	ppb	10.0	1	200.7	9:20
ARSENIC	ND	ND	ppb	10.0	1	206.2	9:20
BERYLLIUM	ND	ND	ppb	5.0	1	200.7	9:20
CADMIUM	13.0	ND	ppb	1.0	1	213.1	6.00
CHROMIUM	89.0	400.0	ppb	5.0	1	218.1	4:55
CHROMIUM (HEX)	ND	ND	ppb	10.0	1	218.4	2:57
COPPER	ND	ND	ppb	10.0	1	220.1	4:06
CYANIDE	ND	ND	ppb	10.0	1	335.2	3:07
LEAD	1000.0	670.0	ppb	5.0	1	239.1	4:21
MERCURY	1.63	0.522	ppb	0.0002	1	1631E	5:04
NICKEL	14.0	13.0	ppb	5.0	1	249.2	5:49
SELENIUM	ND	ND	ppb	2.0	1	270.2	9:20
SILVER	ND	ND	ppb	2.0	1	272.1	6:36
THALLIUM	ND	ND	ppb	10.0	1	279.2	9:20
ZINC	41.0	36.0	ppb	50.0	_ 1	289.1	5:43

Reviewed by: 2

Linda F/Culpepper

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

04-30-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-29-04

COMMENTS: EFFLUENT PHENOLS

DATE ANALYZED:

03-30-04

CTL SAMPLE ID:

04-1422

CTL JOB NUMBER:

20040734

		EFFLUEN	T PHENOL			
	ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
4-CI	_ORO-3-MEHTYLPHENOL	ND	ppb	10.0	1	625
2-CI	OROPHENOL	ND	ppb	. 10.0	1	625
2,4-	ICHLOROPHENOL	ND	ppb	10.0	1	625
2,4-	IMETHYLPHENOL	ND	ppb	10.0	1	625
2,4-	INITROPHENOL	ND	ppb	10.0	1	625
2-M	THYL-4,6-DINITROPHENOL	ND	ppb	10.0	1	625
2-N!	ROPHENOL	ND	ppb	10.0	1	625
4-N	ROPHENOL	ND	ppb	10.0	1	625
PEN	ACHLOROPHENOL	ND	ppb	10.0	1	625
PHI	10L	ND	ppb	10.0	1	625
2,4,	TRICHLOROPHENOL	ND	ppb	10.0	1,	625
2,4,	TRICHLOROPHENOL	ND	ppb	10.0	1	625

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDAN WWTP

REPORT DATE:

04-30-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-29-04

COMMENTS: INFLUENT PHENOLS

DATE ANALYZED:

03-30-04

CTL SAMPLE ID:

04-1421

CTL JOB NUMBER:

20040734

		INFLUEN	T PHENOL	CTL JOB NO		1040734
	ANALYTE	RESULT	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD
4-C	ORO-3-MEHTYLPHENOL	ND	p pb	10.0	1	625
2-C	OROPHENOL	ND	ppb	10.0	_1	625
2,4-	ICHLOROPHENOL	ND	ppb	10.0	1	625
2,4-	IMETHYLPHENOL	ND	ppb	10.0	1	625
2,4-	INITROPHENOL	ND	ppb	10.0	1	625
2-M	THYL-4,6-DINITROPHENOL	ND	ppb	10.0	1	625
2-Ni	ROPHENOL	ND	ppb	10.0	1	625
4-NI	ROPHENOL	ND	ppb	10.0	1	625
PEN	ACHLOROPHENOL	ND	ppb	10.0	1	625
PHE	IOL	0.0210	ppb	10,0	1	625
2,4,	TRICHLOROPHENOL	ND	ppb	10.0	1	625
2,4,	TRICHLOROPHENOL	ND	ppb	10.0	1	625

301 HARDY STREET SUITE D HATTIESBURG, MS 39401 (601) 583-0411 FAX: (601) 582-8163 E-mail: culpe@aol.com

CLIENT:

EAST MERIDIAN WWTP

REPORT DATE:

04-30-04

COLLECTED BY:

CLIENT

SAMPLE DATE:

03-29-04

COMMENTS: METALS

DATE ANALYZED:

03-30-04

CTL SAMPLE ID: 04-1421 & 04-1422

CTL JOB NUMBER:

20040734

	ANALTICAL RESULTS										
Al	ALYTE	INFLUENT 04-1421	EFFLUENT 04-1422	UNITS	REPORT LIMITS	DIL. FACTOR	EPA METHOD	TIME			
ANTIN)NY	ND	ND	ppb	10.0	1	200.7	4:01			
ARSE		ND	ND	ppb	10.0	1	206.2	4:01			
BERY		ND	ND	ppb	5.0	1	200.7	4:01			
CADM		ND	3.0	ppb	1.0	1	213.1	7:09			
CHRO		ND	85.0	ppb	5.0	1	218.1	5:18			
	IIUM (HEX)	ND	ND	ppb	10.0	1	218.4	2:49			
COPP		4.0	5.0	ppb	10.0	1	220.1	12:28			
CYAN		ND	ND	ppb	10.0	1	335.2	4:01			
LEAD		1900.0	995.0	ppb	5.0	1	239.1	11:47			
MERC		0.0593	0.0602	ppb	0.0002	1	1631E	1:54			
NICKI		240.0	125.0	ppb	5.0	1	249.2	. 11:51			
SELE		ND	ND	ppb	2.0	1	270.2	4:01			
		ND ND	ND	ppb	2.0	1	272.1	11:12			
SILVE		ND	ND	ppb	10.0	1	279.2	4:01			
THAL	UM	80.0	29.0	ppb	50.0	1 1	289.1	10:47			



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

James I. Palmer, Jr., Executive Director

October 13, 1999

CERTIFIED MAIL NO. Z 353 771 075

Honorable John Robert Smith, Mayor City of Meridian P. O. Box 1430 Meridian, Mississippi 39302-1430

Dear Mayor Smith:

Re: NPDES Permit No. MS0055735 Proposed NAS WWTF Meridian, Mississippi

Enclosed is National Pollutant Discharge Elimination System (NPDES) Permit Number MS0055735, which is hereby issued to the City of Meridian. Please note the effluent limitations, schedule of compliance, monitoring requirements, and monitoring reporting dates found in this permit.

This permit is issued in accordance with the provisions of the Mississippi Air and Water Pollution Control Law (Sections 49-17-1, et seq., Mississippi Code of 1972), and the regulations and standards adopted and promulgated thereunder, and under the authority granted to the Mississippi Environmental Quality Permit Board pursuant to Section 402(b) of the Federal Water Pollution Control Act. Note that this decision of the Permit Board deals solely with the issuance of the referenced NPDES Permit. In the event additional approvals, permits and/or a water quality certification are required in the future, the decision on this NPDES Permit in no way predetermines the decision on any other approval, permit and/or water quality certification.

Any appeal of this permit action must be made within the 30 day period provided for in Section 49-17-29(4)(b) Mississippi Code of 1972.

Very truly yours,

Greg Burgess

Municipal Permit Compliance Branch

TGB:tgb Enclosures

CC: Ms. Karrie Jo Shell, EPA (w/enclosures) CRO (w/enclosure)

J.S. EPA KEGIUN 4 SWPFB

1494 OCT 18 P 5: 05

AMENDMENT TO FACT SHEET AT TIME OF FINAL PERMIT ISSUANCE

Name of Applicant: City of Meridian - NAS Facility

P. O. Box 1430

Meridian, Mississippi 39302-1430

Application No.: MS0055735

Date: October 13, 1999

1. Changes to the draft permit included:

None.

2. Public comments to the permit included:

We received 5 letters of comment from the public. The comments were not directly related to the environmental impact of the proposed discharge. The Mississippi Department of Environmental Quality Permit Board heard from the representative of the citizens who commented during public notice. After a period of questions, the Permit Board approved issuance of the NPDES permit.

Municipal/Permit

Compliance Coordinator

GLO:tgb

State of Mississippi Water Pollution Control PERMIT

TO DISCHARGE WASTEWATER IN ACCORDANCE WITH THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

THIS CERTIFIES THAT

CITY OF MERIDIAN
(NAS FACILITY / SEQUENTIAL BATCH REACTOR)

has been granted permission to discharge wastewater into

Sowashee Creek

in accordance with effluent limitations, monitoring requirements and other conditions set forth in Parts I, II, and III hereof. This permit is issued in accordance with the provisions of the Mississippi Water Pollution Control Law (Section 49-17-1 et seq., Mississippi Code of 1972), and the regulations and standards adopted and promulgated thereunder, and under authority granted pursuant to Section 402(b) of the Federal Water Pollution Control Act.

BARRY S. ROYALS

AUTHORIZED SIGNATURE
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Issued: September 28, 1999

Permit No. MS0055735

Expires: September 27, 2004

PART I

A. FINAL EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

 During the period beginning upon permit issuance, and lasting until September 27, 2004, the permittee is authorized to discharge from outfall serial number 001.

Such discharges shall be limited and monitored by the permittee as specified below:

PARAMETER	DISCHARGE LIMITATIONS			MONITORING REQUIREMENTS			
	Monthly Average (lbs/d	Maximum Weekly Average day)	Monthly	Maximum Weekly Average	Measurement Frequency	Sample Type	Sampling Point
Flow-MGD			1.0	 .	Daily	Continuous	Effluent
Biochemical Oxygen	•						
Demand (5-day)	83	125	10 mg/l	15 mg/l	1 Day/Week	24-Hr Comp	Influent & Effluent
Suspended Solids	250	375	30 mg/l	45 mg/l	1 Day/Week	24-Hr Comp	Influent & Effluent
Ammonia Nitrogen	17	25	2 mg/l	3 mg/1	1 Day/Week	24-Hr Comp	Influent & Effluent
Fecal Coliform Bacteria, Geometric Mean (per 100 ml)					·		
(May - October)			200 Col	400 Col	1 Day/Week	Grab	Effluent
(November - April)			2000 Col	4000 Col	1 Day/Week	Grab	Effluent
Chlorine, Total Residual			0.015 mg/l	0.026 mg/l	Daily	Grab	Effluent

- 2. The effluent shall not cause an accumulation of solids or sewage sludges in the receiving stream.
- 3. There shall be no discharge of floating solids or visible foam in other than trace amounts.
- 4. The effluent shall not cause a visible sheen on the receiving water.

A. (Continued)

- 5. The pH shall not be less than 6.5 standard units nor greater than 9.0 standard units and shall be monitored daily with a grab sample of the effluent.
- 6. In addition to the specified limits, the monthly average effluent BOD (5-Day) and suspended solids concentration shall not exceed 15 percent of the respective monthly average influent concentrations.
- 7. The 30-minute settleability test for the aeration basin(s) shall be monitored **daily** and the monthly minimum and maximum values reported.
- 8. The aeration basin(s) dissolved oxygen shall be monitored daily and the monthly minimum and maximum values reported.
- The dissolved oxygen shall not be less than 6.0 mg/l and shall be monitored 1 day/week with a grab sample of the effluent.
- 10. The toxicity of the effluent shall be monitored as described in Part III.C.
- 11. The ambient dissolved oxygen concentration of the receiving stream shall be monitored 1 day/week at approximately 10:00 a.m. at a point located approximately 1.6 rivermiles downstream of the discharge location in mid-channel and the minimum and maximum values reported on the Discharge Monitoring Report with an attached summary page of all values.

B. SCHEDULE OF COMPLIANCE

 The permittee shall achieve compliance with the effluent limitations specified for discharge in accordance with the following schedule:

Beginning the issuance date of this permit, the permittee shall achieve compliance with the effluent limitations specified on Pages 2 and 3 of this permit.

No later than 10 calendar days following a date identified in the above schedule of compliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

C. MONITORING AND REPORTING

1. Representative Sampling

Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored discharge.

Reporting

Monitoring results obtained during the previous month shall be summarized and reported on a Discharge Monitoring Report Form (EPA No. 3320-1) POSTMARKED NO LATER THAN THE 28TH DAY OF THE MONTH FOLLOWING THE COMPLETED REPORTING PERIOD. THE FIRST REPORT IS DUE ON NOVEMBER 28, 1999. Copies of these, and all other reports required herein, shall be signed in accordance with Sections 6 and 7 of the Mississippi Wastewater Permit Regulations, and shall be submitted to the Mississippi Environmental Quality Permit Board at the following address.

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY OFFICE OF POLLUTION CONTROL P. O. Box 10385 Jackson, Mississippi 39289-0385

3. Test Procedures

Test procedures for the analysis of pollutants shall conform to regulations published pursuant to Section 304(h) of the Federal Water Pollution Control Act, as amended.

Recording of Results

For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall record the following information:

- (a) The exact place, date, and time of sampling;
- (b) The dates the analyses were performed;
- (c) The person(s) who performed the analyses;
- (d) The analytical techniques or methods used; and
- (e) The results of all required analyses.

5. Records Retention

(a) All records and information resulting from the monitoring activities required by this permit (including all records of; analyses performed; calibration and maintenance of instrumentation; and recording from continuous monitoring instrumentation) shall be retained for a minimum of three (3) years, or longer if requested by the Permit Board.

(b) The permittee shall furnish to the Permit Board, upon request, copies of records required to be kept by this permit.

6. Definitions

- a) The "monthly average" (applicable to municipal and domestic permits), other than for fecal coliform bacteria, is the arithmetic mean of all samples collected in a one-month period. The monthly average for fecal coliform bacteria is the geometric mean of all samples collected in a one-month period. In computing the geometric mean, one (1) shall be substituted for sample results of zero.
- (b) The "weekly average" (applicable to municipal permits), other than for fecal coliform bacteria, is the arithmetic mean of all the samples collected during a one-week period. The weekly average for fecal coliform bacteria is the geometric mean of all samples collected during a one-week period. In computing the geometric mean, one (1) shall be substituted for sample results of zero. For self-monitoring purposes the value to be reported is the single highest weekly average computed during a one-month period.
- (c) The "daily average" (applicable to industrial permits), other than for fecal coliform bacteria, is the arithmetic mean of all samples collected in a one-month period. The daily average for fecal coliform bacteria is the geometric mean of all samples collected in a one-month period. In computing the geometric mean, the value one (1) shall be substituted for sample results of zero.
- (d) The "daily maximum" (applicable to industrial and domestic permits), is the highest value recorded of any sample collected on any single day of the calendar month.

D. OTHER STANDARD CONDITIONS

1. Total Residual Chlorine Monitoring Conditions

The method of analysis for each sample shall be amperometric titration, DPD colorimetric, or specific ion electrode as specified in the test procedures for Analysis of Inorganic Pollutants, 40 CFR, Part 136, Table 1B.

For each sampling period, the limit of detection shall be no greater than 0.1 mg/l. If an analysis for a given sample results in a measurement of "less than the limit detection", then the reported value shall be reported as "none detected".

PART II

A. MANAGEMENT REQUIREMENTS

1. Change in Discharge

All discharges authorized herein shall be consistent with the terms and conditions of this permit. The discharge of any pollutant identified in this permit more frequently than or at a level in excess of that authorized shall constitute a violation of the permit. Any anticipated facility expansions or treatment modifications which will result in new, different, or increased discharges of pollutants must be reported by submission of a new NPDES application. If such changes will not violate the effluent limitations specified in this permit, and upon written notice (in lieu of a new NPDES application) to the Mississippi Environmental Quality Permit Board, the permit may be modified to specify and limit any pollutants not previously limited.

2. Duty to Comply 40 CFR 122.41(a)

The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Clean Water Act and is grounds for enforcement action; for permit termination, renovation and reissuance, or modification; or for denial of a permit renewal application.

3. Noncompliance Notification

If, for any reason, the permittee does not comply with or will be unable to comply with any provision specified in this permit, the permittee shall notify the Mississippi Environmental Quality Permit Board orally within 24 hours of becoming aware of such conditions. A written report shall also be provided within five (5) days of such time and shall contain the following information:

- a. A description of the discharge and cause of noncompliance; and
- b. The period of noncompliance, including exact dates and times; or if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate and prevent recurrence of the noncomplying discharge.

Facilities Operation

The permittee shall at all times maintain in good working order and operate as efficiently as possible all treatment or control facilities or systems installed or used by the permittee to achieve compliance with the terms and conditions of this permit.

PART II Page 7 Permit No. MS0055735

Adverse Impact

The permittee shall take all reasonable steps to minimize or prevent any discharge in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment.

6. Bypassing

Any diversion from or bypass of wastewater collection and treatment facilities is prohibited, except (i) where unavoidable to prevent loss of life or severe property damage, or (ii) where excessive storm drainage or runoff would damage any facilities necessary for compliance with the effluent limitations and prohibitions of this permit.

The permittee shall notify the Mississippi Environmental Quality Permit Board orally of each such diversion or bypass within 24 hours of the diversion or bypass, or if the need for the bypass is known in advance, it shall submit prior notice, if possible, at least ten (10) days before the date of the bypass.

7. Upsets 40 CFR 122.41(n)

- a. Definition. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
- b. Effect of an upset. An upset constitutes an affirmative defense to an action brought for noncompliance with such technology based permit effluent limitations if the requirements of paragraph (c) of this section are met. No determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, is final administrative action subject to judicial review.
- c. Conditions necessary for demonstration of upset. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - An upset occurred and that the permittee can identify the cause(s) of the upset;
 - (2) The permitted facility was at the time being properly operated; and

- (3) The permittee submitted notice of the upset as required in 40 CFR 122.41 (L)(6)(ii)(B) (24 hour notice of noncompliance).
- (4) The permittee complied with any remedial measures required under 40 CFR 122.41 (d) (duty to mitigate).
- d. Burden of proof. In any enforcement proceeding the permittee seeking to establish the occurrence of an upset has the burden of proof.

8. Removed Substances

Solids, sludges, filter backwash, or other residuals removed in the course of treatment or control of wastewater shall be disposed of in a manner such as to prevent such materials from entering State waters and in a manner consistent with the Mississippi Solid Waste Disposal Act and the Federal Resource Conservation and Recovery Act.

9. Power Failures

In order to maintain compliance with the effluent limitations and prohibitions of this permit, the permittee shall either:

- a. In accordance with the Schedule of Compliance contained in Part I, provide an alternate power source sufficient to operate the wastewater collection and treatment facilities, or, if such alternate power source is not in existence, and no date for its implementation appears in Part I;
- b. Provide a method whereby the effluent limitations contained in Part I shall be met upon the reduction, loss, or failure of the primary source of power to the wastewater collection and treatment facilities.

B. RESPONSIBILITIES

1. Right of Entry

The permittee shall allow the Mississippi Environmental Quality Permit Board and the Regional Administrator of the U. S. Environmental Protection Agency and/or their authorized representatives, upon the presentation of credentials.

a. To enter upon the permittee's premises where an effluent source is located or in which any records are required to be kept under the terms and conditions of this permit; and

- b. At reasonable times to have access to and copy any records required to be kept under the terms and conditions of this permit; to inspect any monitoring equipment or monitoring method required in this permit; and to sample any discharge of pollutants.
- Transfer of Ownership or Control

This permit is not transferable to any person except after proper notice and approval by the Permit Board. In the event of any change in control or ownership of facilities from which the authorized discharges emanate, the permittee shall notify the Mississippi Environmental Quality Permit Board at least thirty (30) days in advance of the proposed transfer date. The notice should include a written agreement between the existing and new permittees containing a specific date for the transfer of permit responsibility, coverage, and liability.

3. Signatory Requirements 40 CFR 122.41(k)

All applications, reports, or information submitted to the Permit Board shall be signed and certified.

- a. All permit applications shall be signed as follows:
 - (1) For a corporation: by a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means: (1) a president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making function for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding 25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
 - (2) For a partnership or sole proprietorship: by a general partner or the proprietor, representatively; or
 - (3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official.
 - b. All reports required by the permit and other information requested by the Permit Board shall be signed by a person described above or by a duly authorized representative of that person. A person is a duly authorized representative only if:
 - (1) The authorization is made in writing by a person described above;

- (2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position.); and
- (3) The written authorization is submitted to the Permit Board.
- c. Changes to authorization. If an authorization under paragraph (b) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of paragraph (b) of this section must be submitted to the Permit Board prior to or together with any reports, information, or applications.
- d. Certification. Any person signing a document under paragraphs (a) or (b) of this section shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

4. Availability of Records

Except for data determined to be confidential under the Mississippi Water Pollution Control Law, all reports prepared in accordance with the terms of this permit shall be available for public inspection at the office of the Mississippi Department of Environmental Quality Office of Pollution Control.

PART II Page 11 Permit No. MS0055735

5. Permit Modification

- a. The permittee shall furnish to the Permit Board within a reasonable time any relevant information which the Permit Board may request to determine whether cause exists for modifying, revoking and reissuing, or terminating the permit, or to determine compliance with the permit.
- b. Upon sufficient cause this permit may be modified, revoked, reissued, or terminated during its term.
- The filing of a request by the permittee for a permit modification, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.

6. Toxic Pollutants

The permittee shall comply with any toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) established under Section 307(a) of the Federal Water Pollution Control Act.

7. Toxic Pollutants Notification Requirements

The permittee shall comply with the applicable provisions of 40 CFR 122.42.

8. Civil and Criminal Liability

- a. Any person who violates a term, condition or schedule of compliance contained within this permit or the Mississippi Water Pollution Control Law is subject to the actions defined by law.
- b. Except as provided in permit conditions on "Bypassing" and "Upsets" (Part II, A-6 and 7), nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance.
- c. It shall not be the defense of the permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.

9. Oil and Hazardous Substance Liability

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee is or may be subject to under Section 311 of the Federal Water Pollution Control Act and applicable provisions of the Mississippi Water Pollution Control Law pertaining to spills of oil and hazardous materials.

10. Property Rights

The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State, or local laws or regulations.

11. Severability

The provisions of this permit are severable, and if any provision of this permit, or the application of any provision of this permit to any circumstance, is held invalid, the application of such provision to other circumstance, and the remainder of this permit, shall not be affected thereby.

12. Expiration of Permit

The permittee shall not discharge after the expiration date of this permit unless he has submitted a completed application for reissuance no later than 180 days prior to the expiration date. The Head of the Office of Pollution Control may grant permission to submit an application later than this, but no later than the expiration date of the permit.

Certified Operator

The permittee shall provide written notification to the Mississippi Commission on Environmental Quality no later than thirty (30) days after the loss of the permittee's certified operator.

PART III

A. REOPENER CLAUSE

This permit shall be modified, or alternately, revoked and reissued, to comply with any applicable effluent standard, limitation or stormwater regulation issued or approved under Section 301(b)(2)(C), and (D), 304(b)(2), 307(a)(2) and 402(p) of the Federal Water Pollution Control Act if the effluent standard, limitation or regulation so issued or approved:

- Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or
- Controls any pollutant not limited in the permit.

B. CLOSURE REQUIREMENTS

Should the permittee decide to permanently close and abandon the premises upon which it operates, it shall so notify the Permit Board no later than 90 days prior to doing so. Accompanying this notification shall be a closure plan which describes how and when all manufactured products, by-products, raw materials, stored chemicals, and solid and liquid waste will be removed from the premises such that they will present no potential environmental hazard to the area. Abandonment of the site without providing proper notification as required herein, or without completing all aspects of the closure plan, will constitute a violation of this permit and may result in penalties of up to \$25,000.

C. CHRONIC WHOLE EFFLUENT TOXICITY MONITORING REQUIREMENTS

The Water Quality Standards of Mississippi require that all waters be free from substances in concentrations or combinations which are harmful to humans, animals, or aquatic life (State of Mississippi, Water Quality Criteria for Intrastate and Coastal Waters, Section II.4., Minimum Conditions Applicable to All Waters, page 3, adopted March 22, 1990). In accordance with such requirements, the permittee is authorized to discharge from outfall(s) 001 only in accordance with the following conditions:

 The permittee shall submit any existing toxicity data for review by the Mississippi Office of Pollution Control within 30 days of the effective date of this permit.

- 2. The permittee shall perform 7-day chronic, static renewal, definitive (a control and five effluent concentrations) WET tests in accordance with Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to

 Freshwater Organisms, (EPA/600/4-91/002) or Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms, (EPA/600/4-87/028) or the most recent edition.
 - Dilution water used for these tests shall consist of a. reagent grade water, defined as distilled or deionized water that does not contain substances which are toxic to the test organisms. For freshwater tests, dilution water shall consist of reagent grade chemicals or mineral water combined to make moderately hard dilution water according to Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms (EPA/600/4-89/001) or most recent edition. For estuarine testing, dilution water shall consist of synthetic seawater or hypersaline brine combined to achieve a salinity of 20 parts per thousand according to Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms (EPA/600/4-87/028) or most recent edition. These dilution waters will be deemed acceptable if the control organisms in the toxicity tests meet the minimum EPA criteria for chronic tests.
 - If the Mississippi Office of Pollution Control determines b. the receiving waters are freshwater, the permittee shall conduct a Ceriodaphnia dubia Survival and Reproduction Test, and a Pimephales promelas Larval Survival and Growth Test on serial dilutions of effluent to determine if the discharge from outfall(s) 001 is chronically toxic. Such testing will determine if the water affects the survival, growth, and reproduction of the test organisms. Static renewal tests will be conducted on three 24-hour composite samples of effluent. The first of these composite samples will be used to set up the tests and for the day 1 and day 2 renewals, the second of these composite samples will be used to renew the tests on days 3 and 4, and the third composite sample will be used to renew the tests on days 5 and 6. Not more than 36 hours will elapse between sampling and the first use of any of the composite samples. The chronic test(s) shall be considered valid only if the acceptability criteria referenced in Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms, (EPA/600/4-91/003), or the most recent edition', are met. All data shall be statistically analyzed according to the referenced manual.

- If the Mississippi Office of Pollution Control determines that the receiving water is estuarine, the permittee c. shall conduct a Menidia beryllina Larval Survival and Growth Test and a Mysidopsis bahia Survival, Growth, and Fecundity Test on serial dilutions of effluent to determine if the discharge from outfall(s) 001 is chronically toxic. Such testing will determine if the water affects the survival, growth, and fecundity of the test organisms. Static renewal tests will be conducted on three 24-hour composite samples of effluent. The first of these composite samples will be used to set up the tests and for the day 1 and day 2 renewals, the second of these composite samples will be used to renew the tests on days 3 and 4, and the third composite sample will be used to renew the tests on days 5 and 6. Not more than 36 hours will elapse between sampling and the first use of any of the composite samples. The chronic test(s) shall be considered valid only if the acceptability criteria referenced in Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms, (EPA/600/4-87/028) or most recent edition are met. All test data shall be statistically analyzed according to the referenced manual.
 - A standard reference toxicant quality assurance test (chronic) shall be conducted concurrently with the d. effluent tests using both species used in the toxicity tests. Alternatively, if a lab conducts monthly QA/QC reference toxicant tests with both species as part of their SOP, these results may be submitted in lieu of the above mentioned concurrent tests results. case, the reference toxicant test results must be submitted with the final report as well as on the Mississippi Office of Pollution Control NPDES Whole Effluent Toxicity Testing Report Form within two weeks of test completion. Final chronic toxicity test results shall be in report form as outlined in Methods for Measuring the Acute Toxicity of Effluents to Freshwater and Marine Organisms, Fourth Edition, (EPA-600/4-90/027F) or most recent edition'.
- 3. These chronic toxicity tests shall be initiated within 90 days of the date of issuance of the permit to evaluate wastewater toxicity. Such chronic toxicity tests shall be conducted once per quarter for a period of one year following the effective date of the permit. After the first year of testing, the frequency of monitoring may be reduced to once per six months for the life of the permit. Sampling shall be timed to cover the seasonal extremes of the year (hot-dry and cold-wet).

Page 16 Permit No. MS0055735

In addition to the specific conditions of this permit, the permittee shall comply with all applicable conditions of 40 CFR 122.7 and 40 CFR 122.61 (06-03-93).

*Contact the Mississippi Office of Pollution Control Laboratory for information on most recent edition(s) of methods manual.

PART IV

A. SLUDGE MANAGEMENT REQUIREMENTS

- 1. <u>General Compliance</u>: The permittee shall comply with all existing Federal and State laws and regulations that apply to its sewage sludge use and disposal practice(s), with the Mississippi Nonhazardous Waste Management Regulations and with the CWA Section 405 (d) technical standards when promulgated.
- 2. Reopener: If an applicable "acceptable management practice" or numerical limitation for pollutants in sewage sludge promulgated under Section 405(d)(2) of the Clean Water Act, as amended by the Water Quality Act of 1987, is more stringent than the sludge pollutant limit or acceptable management practice in this permit, or controls a pollutant not limited in this permit, this permit shall be promptly modified or revoked and reissued to conform to the requirements promulgated under Section 405(d)(2). The permittee shall comply with the limitations by no later than the compliance deadline specified in the applicable regulations as required by Section 405(d)(2)(D) of the Clean Water Act.
- 3. <u>Notice of Change in Sludge Disposal Practice</u>: The permittee shall give prior notice to the Director of any change(s) planned in the permittee's sludge use or disposal practice.
- 4. <u>Cause for Modification</u>: 40 CFR 122.62(a)(1) provides that the following is a cause for modification but not revocation and reissuance of permits except when the permittee requests or agrees.

<u>Alterations</u>: There are material and substantial changes or additions to the permitted facility or activity which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit.

PART V

A. PRETREATMENT REQUIREMENTS

- 1. This permit shall be modified, or alternately revoked and reissued by a date to be determined to incorporate an approved municipal pretreatment program as required under Section 402(b)(8) of the Federal Water Pollution Control Act and implementing regulations or by the requirements of the approved State pretreatment program, as appropriate.
- 2. Effluent limitations from this discharge are listed in Part I of this permit. If it becomes apparent that other pollutants attributable to inputs from major contributing industries using the municipal system are also present in the permittee's discharge, this permit may be revised to specify effluent limitations for any or all of such other pollutants in accordance with best practicable technology or water quality standards.
- Under no circumstances shall the permittee allow introduction of the following wastes or pollutants into the waste treatment system.
 - a. Pollutants which create a fire or explosion hazard in the treatment works;
 - b. Pollutants which will cause corrosive structural damage to treatment works; but in no case discharges with a pH designed lower than 5.0, unless the works are specifically designed to accommodate such discharges;
 - c. Solids or viscous substances in amounts which cause obstructions to the flow in sewer or interference with the proper operation of the treatment works;
 - d. Wastewaters at a flow rate and/or pollutant discharge rate which is excessive over relatively short time periods so as to cause a loss of treatment efficiency;
 - e. Heat in amounts which will inhibit biological activity in the treatment works resulting in interference, but in no case heat in such quantities that the temperature of the influent exceeds 40 degrees Celsius(104 degrees Fahrenheit), unless approval for alternate limits has been granted by the Permit Board.

Mendez, Gayla

36

From:

Davis, Molly

Sent:

Thursday, May 14, 2015 10:50 AM

To:

Hesterlee, Craig; Seiwert, Carla

Subject:

FW: Fw: notes from conference call on MDEQ's permits

Are you all good with the response from Brad?

----Original Message----

From: Bradley_Crain@deq.state.ms.us [mailto:Bradley_Crain@deq.state.ms.us]

Sent: Thursday, May 14, 2015 9:13 AM

To: Davis, Molly

Cc: Hesterlee, Craig; Seiwert, Carla

Subject: Re: Fw: notes from conference call on MDEQ's permits

Ms. Davis,

The following is our response to your comments.

General comment applicable to all permits: the Fact Sheets in all the permits need to include more background information on how permitting decisions were made especially when there is a TMDL and/or impairment for the receiving water, and how reasonable potential was evaluated.

For clarification, the fact sheet that we complete is a submittal that we send only to EPA that contains basic permit and permitting process information. The permit rationale is the document we complete to detail the basis of the permit limitations, condition of the receiving stream, and type of treatment utilized. The permit rationale is the document that is distributed during the public notice period, and not the fact sheet.

Meridian POTW:

1. We understand the permit is written such that all the effluent goes to Sowatchee Creek and not to the power plant that is not ready to receive the effluent for cooling water. This needs to be explained better in the Fact Sheet

The following statement will be added to the permit rational, "The permit is written to reflect a continual daily discharge of Meridian POTW's treated effluent into Sowashee Creek. The permit does not detail any limitations or monitoring for the instance where the effluent is routed to the Mississippi Power Kemper County Facility."

2. Permit needs to demonstrate that effluent limits are meeting the TMDL and this is not clear from the Fact Sheet

The permit rational does state that the effluent limitations comply with load allocations given in the Sowashee Creek TMDL.

Hattiesburg Lagoon:

1. MDEQ agreed to increase the fecal coliform monitoring to monthly rather than twice a season. This should not create an added expense for the facility as they are reporting monthly fecal coliform concentrations on the DMRs they submit.

We have adjusted the fecal coliform monitoring frequency in the permit from "twice per season" to "monthly".

2. We acknowledge that there is a long-term solution to the problems with the lagoon as the City of Hattisburg plans to construct a new WWTP.

Comment noted.

Oxford POTW:

1. MDEQ agreed to update the fact sheet to explain mercury impairment and how the TMDL proposes to implement the reductions in permits. We acknowledge that the TMDL doesn't require monitoring for mercury.

We will include this statement in the permit rationale, "Oxford POTW does appear in a Mercury TMDL for the Yocona River. The TMDL requires that point sources that discharge over 0.05 MGD to perform Mercury monitoring utilizing clean techniques and accurate testing methods. Oxford performs the required mercury monitoring before each reissuance of the permit that meets the requirement of the TMDL. The long term average for mercury in this application was 3 ppt. This level does not demonstrate a reasonable potential to contribute to significant mercury accumulation in the steam nor violate any chronic, acute, or human health criteria."

2. Permit should require monitoring and an allocation to TN and TP.

The permit contains TN and TP monitoring. The current permit requires 5 days/week monitoring of TN and TP. This frequency was also required in the previous permit. This frequency seems excessive, and is greater than other major facilities requiring monitoring only of nutrients. It is our intention to reduce the monitoring frequency to monthly before sending the permit to public notice. The permit is not listed as a point source in any Nutrient TMDL that allocates a nutrient load to limit in the permit, so no limitations were included in the permit for TN and TP.

Laurel #1 and #2:

1. MDEQ acknowledged that monitoring for TN and TP was left out of the pre-draft they sent EPA. They agreed to add these requirements to the draft permit before it goes to public notice.

We will revise both permits to contain monthly TN and TP monitoring before the permits are sent to public notice.

2. Facility has seasonal limits for NH3 (summer) and just Monitoring and reporting for winter. This is not explained in the Fact Sheet nor was a reasonable potential analysis completed to support the lack of winter limits.

The permit rationale states that the permit limitations derived from the wasteload allocation comply with the conditions of the Tallahalla Creek TMDL. The TMDL required the reductions during the seasonal critical conditions of May through October. It did not require limitations during the non-critical periods.

3. Permit app says UV disinfection but contains total residual chlorine limits. No explanation given in the Fact Sheet.

The following statement will be added to the permit rational, "Chlorine limitations were added to the permit to allow the facility to utilize chlorine disinfection in a manner that protects water quality from chlorine toxicity in the event of disruption of UV system."

Tupelo POTW:

1. Permit rationale needs current discussion of water quality status of receiving water (Towns Creek). TMDL ambient target was about 0.1 mg/l. If Towns Creek is still not meeting water quality standards for phosphorus, TMDL should be re-evaluated to make sure that the primary point source is not over-allocated.

The permit rational states that the limitations required by the Town Creek TMDL are included in the permit. The rational states the permit is required to meet a TN limit of 1191.8 lbs/day, and a TP limit of 153.7 lbs/day. These limitations must be complied with upon the issuance of the permit. Mississippi DEQ has not obtained any new data in Town Creek during the last five years to reevaluate the TMDL. Once Mississippi DEQ has scheduled the revaluation of Town Creek, and if that reevaluation demonstrates the TMDL needs to be modified, and EPA has approved the modified TMDL, then the permit and permit rational will be written to comply with the current approved TMDL.

Towns Creek is impaired for pH. Permit rationale should discuss how RP was conducted to ensure that effluent does not contribute to impairment.

This TMDL does not require any limitation or monitoring from this point source. Additionally, the permit does require the water quality criteria range of 6.0-9.0. The permit rational will be modified to include the following statement, "As permitted, the discharge from this facility will comply with the conditions of the pH TMLD for Town Creek".

TMDLs completed for pesticides and sediment/biota. Permit 3. rationale should verify that facility is excluded as a source.

This TMDL does not require any limitation or monitoring from this point source. The permit rational will be modified to include the following statement, "As permitted, the discharge from this facility will comply with the conditions of the pesticide/sediment TMDLs for Town Creek".

4. Permit rationale should contain brief discussion regarding what changed from previous permit. In this case, the nutrient limits are new, right?

The nutrient limits were phased in the previous permit. They became effective on the last day of the previous permit, so there were no changes from the previous permit. We will include the following statement to the

Summary of Limitations section, "No changes permit rational in the in limitations from the previous permit."

Thank you for your comments, and if you have any questions please call me.

Sincerely, Bradley Crain, P.E., BCEE Municipal & Private Facilities Branch **Environmental Permit Division** (601) 961-5177

Harry,

I don't have email addresses from everyone who was on the call yesterday, so if you could forward these comments I would appreciate it. If I misstated anything, please let me know. Thank you for taking the time to discuss the concerns we have when reviewing the POTW permits for the cities of Meridian, Hattisburg, Oxford and Laurel. As a follow-up to our conversation yesterday, I agreed to send you comments Craig Hesterlee has on the Laurel permits and they are included in the email. In addition, please see Craig's comments regarding the Tupelo POTW. I am also summarizing in this email our comments on the above POTW permits and what

we agreed to on the call. Molly

General comment applicable to all permits: the Fact Sheets in all the permits need to include more background information on how permitting decisions were made especially when there is a TMDL and/or impairment for the receiving water, and how reasonable potential was evaluated.

Meridian POTW:

- 1. We understand the permit is written such that all the effluent goes to Sowatchee Creek and not to the power plant that is not ready to receive the effluent for cooling water. This needs to be explained better in the Fact Sheet
- 2. Permit needs to demonstrate that effluent limits are meeting the TMDL and this is not clear from the Fact Sheet

Hattisburg Lagoon:

- 1. MDEQ agreed to increase the fecal coliform monitoring to monthly rather than twice a season. This should not create an added expense for the facility as they are reporting monthly fecal coliform concentrations on the DMRs they submit.
- 2. We acknowledge that there is a long-term solution to the problems with the lagoon as the City of Hattisburg plans to construct a new WWTP.

Oxford POTW:

- 1. MDEQ agreed to update the fact sheet to explain mercury impairment and how the TMDL proposes to implement the reductions in permits. We acknowledge that the TMDL doesn't require monitoring for mercury.
- 2. Permit should require monitoring and an allocation to TN and TP.

Laurel #1 and #2:

- 1. MDEQ acknowledged that monitoring for TN and TP was left out of the pre-draft they sent EPA. They agreed to add these requirements to the draft permit before it goes to public notice.
- 2. Facility has seasonal limits for NH3 (summer) and just Monitoring and reporting for winter. This is not explained in the Fact Sheet nor was a reasonable potential analysis completed to support the lack of winter limits.
- 3. Permit app says UV disinfection but contains total residual chlorine limits. No explanation given in the Fact Sheet.

Tupelo POTW:

1. Permit rationale needs current discussion of water quality status of receiving water (Towns Creek). TMDL ambient target was about 0.1 mg/l. If Towns Creek is still not meeting water quality standards for phosphorus, TMDL should be re-evaluated to make sure that the primary point source is not over-allocated.

- 2. Towns Creek is impaired for pH. Permit rationale should discuss how RP was conducted to ensure that effluent does not contribute to impairment.
- 3. TMDLs completed for pesticides and sediment/biota. Permit rationale should verify that facility is excluded as a source.

Permit rationale should contain brief discussion regarding what changed from previous permit. In this case, the nutrient limits are new, right?

Molly Davis Chief, NPDES Permitting Section US EPA Region 4 61 Forsyth St SW Atlanta, GA 30303 404-562-9236 (wk) 404-562-9772 (fax)

Mendez, Gayla

From:

Davis, Molly

Sent:

Wednesday, April 29, 2015 3:51 PM

To:

Harry_Wilson@deq.state.ms.us

Cc:

Hesterlee, Craig; Seiwert, Carla

Subject:

notes from conference call on MDEQ's permits

Categories:

_MS POTW

Harry,

I don't have email addresses from everyone who was on the call yesterday, so if you could forward these comments I would appreciate it. If I misstated anything, please let me know. Thank you for taking the time to discuss the concerns we have when reviewing the POTW permits for the cities of Meridian, Hattisburg, Oxford and Laurel. As a follow-up to our conversation yesterday, I agreed to send you comments Craig Hesterlee has on the Laurel permits and they are included in the email. In addition, please see Craig's comments regarding the Tupelo POTW. I am also summarizing in this email our comments on the above POTW permits and what we agreed to on the call. Molly

General comment applicable to all permits: the Fact Sheets in all the permits need to include more background information on how permitting decisions were made especially when there is a TMDL and/or impairment for the receiving water, and how reasonable potential was evaluated.

Meridian POTW:

- We understand the permit is written such that all the effluent goes to Sowatchee Creek and not to the power plant that is not ready to receive the effluent for cooling water. This needs to be explained better in the Fact Sheet
- 2. Permit needs to demonstrate that effluent limits are meeting the TMDL and this is not clear from the Fact Sheet

Hattisburg Lagoon:

- MDEQ agreed to increase the fecal coliform monitoring to monthly rather than twice a season. This should not create an added expense for the facility as they are reporting monthly fecal coliform concentrations on the DMRs they submit.
- 2. We acknowledge that there is a long-term solution to the problems with the lagoon as the City of Hattisburg plans to construct a new WWTP.

Oxford POTW:

- MDEQ agreed to update the fact sheet to explain mercury impairment and how the TMDL proposes to implement the reductions in permits. We acknowledge that the TMDL doesn't require monitoring for mercury.
- 2. Permit should require monitoring and an allocation to TN and TP.

Laurel #1 and #2:

- 1. MDEQ acknowledged that monitoring for TN and TP was left out of the pre-draft they sent EPA. They agreed to add these requirements to the draft permit before it goes to public notice.
- 2. Facility has seasonal limits for NH3 (summer) and just Monitoring and reporting for winter. This is not explained in the Fact Sheet nor was a reasonable potential analysis completed to support the lack of winter limits.
- 3. Permit app says UV disinfection but contains total residual chlorine limits. No explanation given in the Fact Sheet.

Tupelo POTW:

- Permit rationale needs current discussion of water quality status of receiving water (Towns Creek). TMDL
 ambient target was about 0.1 mg/l. If Towns Creek is still not meeting water quality standards for phosphorus,
 TMDL should be re-evaluated to make sure that the primary point source is not over-allocated.
- 2. Towns Creek is impaired for pH. Permit rationale should discuss how RP was conducted to ensure that effluent does not contribute to impairment.
- 3. TMDLs completed for pesticides and sediment/biota. Permit rationale should verify that facility is excluded as a source.

Permit rationale should contain brief discussion regarding what changed from previous permit. In this case, the nutrient limits are new, right?

Molly Davis Chief, NPDES Permitting Section US EPA Region 4 61 Forsyth St SW Atlanta, GA 30303 404-562-9236 (wk) 404-562-9772 (fax)

Mendez, Gayla

From:

Chris_Messemore@deq.state.ms.us

Sent:

Thursday, April 23, 2015 4:56 PM

To:

Seiwert, Carla

Subject:

Re: Fwd: Questions re: Hattiesburg, Meridian, and Oxford POTWs

Categories:

_MS POTW

Carla,

We have currently a call setup for 9.30 (CST) on Tuesday (4/28). Let me know if you need anything.

Christopher Messemore, P.E., BCEE Municipal and Private Facilities Branch **Environmental Permits Division** Mississippi Department of Environmental Quality PO BOX 2261 Jackson, Ms 39225 (601) 961-5647 (601) 961-5703 (fax) www.deg.state.ms.us

From:

Bradley Crain/EPD/OPC/DEQ

"Chris Messemore/EPD/OPC/DEQ" < Chris_Messemore@deq.state.ms.us>, To: Date:

04/21/2015 02:22 PM

Subject: Fwd: Questions re: Hattiesburg, Meridian, and Oxford POTWs

Let's get this set up.

Begin forwarded message:

From: "Seiwert, Carla" < Seiwert. Carla@epa.gov>

Date: April 21, 2015 at 9:33:19 AM CDT

To: "Bradley Crain@deq.state.ms.us" < Bradley Crain@deq.state.ms.us>

Cc: "Davis, Molly" < Davis. Molly@epa.gov>, "Hesterlee, Craig" < Hesterlee. Craig@epa.gov>

Subject: Questions re: Hattiesburg, Meridian, and Oxford POTWs

Bradley,

I am reviewing many of the Mississippi POTW permits that are currently public noticed: Hattiesburg South Lagoon (MS0020303), Meridian POTW (MS0020117), and Oxford POTW (MS0029017). I have a few questions regarding these permits and was hoping to set up a call with you, my supervisor Molly Davis and Craig Hesterlee.

Would you be free sometime Monday for a call?

Thank you,

Mendez, Gayla

From:

Seiwert, Carla

Sent:

Friday, April 24, 2015 1:32 PM

To:

'Chris_Messemore@deq.state.ms.us'

Subject:

RE: Fwd: Questions re: Hattiesburg, Meridian, and Oxford POTWs

Hi Chris,

Did you have any luck seeing if this could be changed to Wednesday?

Thanks,

Carla

From: Chris_Messemore@deq.state.ms.us [mailto:Chris_Messemore@deq.state.ms.us]

Sent: Thursday, April 23, 2015 4:56 PM

To: Seiwert, Carla

Subject: Re: Fwd: Questions re: Hattiesburg, Meridian, and Oxford POTWs

Carla.

We have currently a call setup for 9.30 (CST) on Tuesday (4/28). Let me know if you need anything.

Thanks. Christopher Messemore, P.E., BCEE Municipal and Private Facilities Branch **Environmental Permits Division** Mississippi Department of Environmental Quality PO BOX 2261 Jackson, Ms 39225 (601) 961-5647 (601) 961-5703 (fax) www.deq.state.ms.us

From:

Bradley Crain/EPD/OPC/DEQ

"Chris Messemore/EPD/OPC/DEQ" < Chris Messemore@deg.state.ms.us>, To:

Date: 04/21/2015 02:22 PM

Subject:

Fwd: Questions re: Hattiesburg, Meridian, and Oxford POTWs

Let's get this set up.

Begin forwarded message:

From: "Seiwert, Carla" < Seiwert.Carla@epa.gov >

Date: April 21, 2015 at 9:33:19 AM CDT

To: "Bradley Crain@deq.state.ms.us" < Bradley Crain@deq.state.ms.us>

Cc: "Davis, Molly" < Davis. Molly@epa.gov>, "Hesterlee, Craig" < Hesterlee. Craig@epa.gov>

Subject: Questions re: Hattiesburg, Meridian, and Oxford POTWs

Bradley,

I am reviewing many of the Mississippi POTW permits that are currently public noticed: Hattiesburg South Lagoon (MS0020303), Meridian POTW (MS0020117), and Oxford POTW (MS0029017). I have a few questions regarding these permits and was hoping to set up a call with you, my supervisor Molly Davis and Craig Hesterlee.

Would you be free sometime Monday for a call?

Thank you,

Carla Seiwert

Carla Seiwert Life Scientist, NPDES Permitting U.S. Environmental Protection Agency, Region IV 61 Forsyth Street, SW Atlanta, Georgia 30303 404-562-9299